

Milton Community Schools
Department of Milton Public Schools
<https://www.miltonps.org/departments/community-schools>
Camp Cunningham 2019 Tuition Assistance Guidelines

Milton Community Schools receives no funding from Milton Public Schools, Town of Milton, Federal government, or any other source. MCS is totally self-supporting through tuitions collected. Tuition assistance is made possible by families who have paid full tuition. An amount of assistance is set aside each year and distributed in advance of the school year among qualified applicants.

1. **To apply for a reduced tuition**, please complete the attached "Community Schools Financial Application" and submit it along with the required documents to the Community Schools office located at the Cunningham School
2. **Who qualifies for consideration:** Families who demonstrate financial need and residency in Milton attending Milton Public School. Both parents must be working during the hours that Camp Cunningham is in session to qualify for aid; if either is laid-off or disabled;
 - a. laid-off parent would become able to care for child during Camp Cunningham time (and not eligible for aid)
 - b. disabled parent's compensation must be documented and included in family resources
3. Foster parents follow the same application guidelines, including foster care payments in their family income, and providing documentation.
4. **How much assistance families can get:** Families must demonstrate financial need by providing documentation listed below. Families will pay tuition based on the sliding fee scale approved by the Milton School Committee.
5. **The following are the required documents to qualify for a reduced tuition amount:**
 - o Non-returnable copy of family's 2018 Federal Tax Return. If you have not submitted 2018 Fed. Tax Return, provide the previous year along with the extension to file letter from the Department of Revenue
 - o Corresponding 2018 W-2 & 1099 forms for all household members
 - o A copy of one month's pay stubs for each working household member (4 weeks within the most recent six week period)
 - o If you are newly employed, and don't yet have 4 weeks of pay stubs, you may provide a letter from your employer on their stationery stating your gross monthly income.
 - o Additional information may be requested at the discretion of the Director.
6. **Deadline to submit all documentation is April 30, 2019.** You will be notified of your qualification status by email during the month of May.
7. Families that do not provide sufficient documentation will pay the maximum tuition.
8. **To register go online to** <https://unipaygold.unibank.com/CustomerInfo.aspx> - Select "Camp Cunningham Registration". Complete form, select session(s) and make payment. An additional \$25.00 non-refundable registration fee is required with the application and is not subject to financial assistance. *Contact jmarr@miltonps.org to confirm receipt of your registration. Please note that payment does not guarantee a spot. You will be contacted if session(s) is/are at capacity. Registration is on a first come, first served basis.*
9. **A \$50.00 deposit must be made online, and UniBank confirmation # sent to** jmarr@miltonps.org.
10. **Families receiving tuition assistance must cover their balance by May 31.** It is time-consuming and costly to follow up and collect late payments; and the resultant increase in administration costs will cut back on how much tuition assistance we can offer. Please also note that any family with an outstanding balance from a previous year will be ineligible to apply for financial aid. *Students whose monthly payments are over 30 days overdue are subject to forfeit their tuition assistance award and face removal from all Community Schools programs.*
11. **Complete the application below**, providing all requested information, documentation and confirmation #, and return to:

Attn: Martha Sandoval
MCS Office-Cunningham School
44 Edge Hill Rd. Milton, MA 02186

You must provide all requested information and documentation; please **do not leave spaces blank**. All information will be treated confidentially. [Incomplete applications will be returned to applicant.](#)

*Late application will be considered **only** if there are funds remaining after distribution to on-time applicants.*

Privacy Act Statement: This explains how we will use the information you give us.

Milton Community Schools and Milton Public Schools Department require the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for reduced tuition in any Community Schools programs. We will use your information to determine if your child is eligible for the Milton School Committee approved sliding fee scale. We MAY share your eligibility information with Milton Public Schools to help them evaluate, fund, or determine benefits for the programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: The Milton Public School system does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, gender identity, transgender status, gender transitioning, age, national origin (ancestry), disability, pregnancy/parenting status, marital status, sexual orientation, homelessness, or military status, in any of its programs, activities or operations. These include, but are not limited to, admissions, equal access to programs and activities, hiring and firing of staff, provision of and access to programs and services, as well as selection of volunteers, vendors and employers recruiting at the Milton Public Schools. We are committed to providing an inclusive and welcoming environment for all members of our staff, students, volunteers, subcontractors, and

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vendors. The following person has been designated to handle inquiries regarding the non-discrimination policies: Asst. Superintendent for Curriculum & Human Resources, 617-696-4812

Community Schools Financial Assistance Application One Application per Family or Household

| | | | | | |
|---|--|-----------------------------------|--|------------------|------------------------------|
| Part 1. Applicant(s): | | | | | |
| FULL NAME: | School: | Grade: | Home Address: | | |
| Child #1: | | | | | |
| Child #2: | | | | | |
| Child #3: | | | | | |
| Part 2. Parent(s)/Guardian(s): | | | | | |
| FULL NAME | Cell Phone: | ADDRESS (If different than above) | | E-Mail: | |
| 1. | | | | | |
| 2. | | | | | |
| Total Number of Members per Household (include applicants and other children) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> More | | | | | |
| Part 3. Foster Child | | | | | |
| If this application is for a child who is the legal responsibility of a welfare agency or court, check this box <input type="checkbox"/> and then list the amount of the child's personal use monthly income: \$ _____. | | | | | |
| Part 4. Total Household Gross Income - You must tell us how much and how often | | | | | |
| 1. Name (List everyone in household with Income) | 2. Gross income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly | | | | 3. Check if NO income |
| | Earnings from work before deductions | Welfare, child support, alimony | Pensions, retirement, Social Security | All Other Income | |
| (Example) Jane Smith | \$200/weekly | \$150/weekly | \$100/monthly | \$____/____ | <input type="checkbox"/> |
| | \$____/____ | \$____/____ | \$____/____ | \$____/____ | <input type="checkbox"/> |
| | \$____/____ | \$____/____ | \$____/____ | \$____/____ | <input type="checkbox"/> |
| | \$____/____ | \$____/____ | \$____/____ | \$____/____ | <input type="checkbox"/> |
| | \$____/____ | \$____/____ | \$____/____ | \$____/____ | <input type="checkbox"/> |
| | \$____/____ | \$____/____ | \$____/____ | \$____/____ | <input type="checkbox"/> |
| | \$____/____ | \$____/____ | \$____/____ | \$____/____ | <input type="checkbox"/> |
| | \$____/____ | \$____/____ | \$____/____ | \$____/____ | <input type="checkbox"/> |
| | \$____/____ | \$____/____ | \$____/____ | \$____/____ | <input type="checkbox"/> |
| Part 4. Signature (Adult must sign) | | | | | |
| An adult household member must sign the application. | | | | | |
| <i>I attest that all of the above information is true and complete to the best of my knowledge. I understand that tuition assistance granted under false statement will become due immediately, payable to Milton Community Schools; and I agree to inform MCS if there are changes in my income or work hours that could change the status of my tuition assistance.</i> | | | | | |
| Sign here: X _____ Print name: _____ Date: _____ Address: _____ Phone Number: _____ E-Mail: (Please print clearly) _____ | | | | | |
| Part 5. Children's racial and ethnic identities (optional) | | | | | |
| <u>Mark one or more racial identities:</u> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Other | | | <u>Mark one ethnic identity:</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | | |
| Don't fill out this part. Office use only. | | | | | |
| Annual Income Conversion: Weekly x 52.2 Bi-weekly x 26.167 Twice A Month x 24 Monthly x 12 Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Bi-weekly, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____ Categorical Eligibility: ____ Date Withdrawn: _____ Eligibility: Reduced ____ Denied ____ Reason: _____ Determining Official's Signature: _____ Date: _____ Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____ | | | | | |

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2019-2020 Sliding Fee Scale

| Fee Level | Family Size/ Gross Annual Income | | | | | | | | Sliding Fee % |
|-----------|----------------------------------|----------|-----------|-----------|-----------|-----------|-----------|-----------|---------------|
| | 2 | 3 | 4 | 5 | 6 | 4 | 8 | 9 | |
| 1 | \$37,465 | \$46,280 | \$55,096 | \$63,911 | \$72,726 | \$74,379 | \$76,032 | \$77,685 | 20% |
| 2 | \$48,705 | \$60,164 | \$71,624 | \$83,084 | \$94,544 | \$96,693 | \$98,842 | \$100,990 | 25% |
| 3 | \$63,691 | \$78,676 | \$93,662 | \$108,649 | \$123,634 | \$126,444 | \$129,254 | \$132,064 | 50% |
| 4 | \$74,930 | \$92,560 | \$110,191 | \$127,822 | \$145,452 | \$148,758 | \$152,064 | \$155,369 | 75% |
| 5 | \$74,930 | \$92,560 | \$110,191 | \$127,822 | \$145,452 | \$148,758 | \$152,064 | \$155,369 | 100% |