

**3K – 4K MONTESSORI TUITION BENEFITS APPLICATION
RICHLAND COUNTY SCHOOL DISTRICT ONE**

TO SUBMIT: Complete and submit via e-mail to erica.rice@richlandone.org, fax to (803) 231-6727 or mail to
Montessori Services, 1225 Oak Street, Columbia, SC 29204.
COMPLETE ONE APPLICATION PER HOUSEHOLD

This application is intended for Montessori data collection only. Please include all children and adult members in your household to determine tuition assistance.

LIST BELOW ALL STUDENTS ATTENDING RICHLAND COUNTY SCHOOL DISTRICT ONE				
Student Name Last, First	School Student Attends	Date of Birth	FOOD STAMP# OR TANF#	
LIST ALL HOUSEHOLD MEMBERS AND THEIR ANNUAL INCOME				
Complete the Gross income and how it was received using this example: Ex. \$100/monthly; \$100/twice a month; \$100/every other week; or \$100/weekly. Income Eligibility Guidelines can be found on back.				
FIRST NAME / LAST NAME (of ALL household members)	Earnings from work Before deductions	Welfare, Child Support, Alimony, Pensions, Retirement, Social Security	All Other Income	Check if NO Income
(Example) Jane Doe	\$200/weekly	\$150/monthly		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
<input style="width: 40px; height: 20px;" type="text"/> ← WRITE TOTAL NUMBER (adults and children) OF HOUSEHOLD MEMBERS HERE				
Do Not Fill Out This Part. This is for department use only. Annual Income Conversion Weekly x 52, Every 2 Weeks X 26, Twice a Month X 24, Monthly X 12				
Date Received: _____ Determining Official: _____ Tuition Status: <u> FULL / REDUCED / FREE </u> Effective Date: _____				

An adult household member must complete the application. I certify all information on this application is true and all income is reported. I understand district officials may check the information. I understand the information provided on this application will be used to verify my household's eligibility for Montessori tuition benefits. I understand if I purposely give false information, my child(ren) may lose their Montessori tuition benefits. You will be notified by mail of your status.

**Printed Name of Adult Household Member
Completing and Submitting Form**

Address: _____

Phone No. _____

E-mail to; erica.rice@richlandone.org,
fax (231-6727) or mail to
Montessori Services, 1225 Oak St., Columbia, SC
29204

INCOME ELIGIBILITY GUIDELINES
 [Effective from July 1, 2018 to June 30, 2019]

Household size	Federal poverty guidelines	Reduced Price Meals—185%					Free Meals—130%				
		Annual	Monthly	Twice per month	Every two weeks	Weekly	Annual	Monthly	Twice per month	Every two weeks	Weekly
	Annual										
48 Contiguous States, District of Columbia, Guam, and Territories											
1	12,140	22,459	1,872	936	864	432	15,782	1,316	658	607	304
2	16,460	30,451	2,538	1,269	1,172	586	21,398	1,784	892	823	412
3	20,780	38,443	3,204	1,602	1,479	740	27,014	2,252	1,126	1,039	520
4	25,100	46,435	3,870	1,935	1,786	893	32,630	2,720	1,360	1,255	628
5	29,420	54,427	4,536	2,268	2,094	1,047	38,246	3,188	1,594	1,471	736
6	33,740	62,419	5,202	2,601	2,401	1,201	43,862	3,656	1,828	1,687	844
7	38,060	70,411	5,868	2,934	2,709	1,355	49,478	4,124	2,062	1,903	952
8	42,380	78,403	6,534	3,267	3,016	1,508	55,094	4,592	2,296	2,119	1,060
For each add'l family member, add	4,320	7,992	666	333	308	154	5,616	468	234	216	108