



## **CARROLL KIDS Confidential Financial Aid Application**

**2019-20**

Please read this entire form prior to applying for Financial Aid. There is no deadline to apply for Carroll Kids Afterschool Scholarships. If you anticipate need for the upcoming school year, we suggest that you email or drop off the completed form to Joan Bredthauer's attention by August 5, 2019 so that you will have a determination by day one of registration on August 19. If granted, the Carroll Kids Administrators will help you register your child(ren).

Scholarship aid is based on need and requires documentation. All financial aid applications are confidential. Financial aid is available for families with annual incomes of less than \$80,000.

### **Enrichment Class Scholarships:**

If you are approved for financial aid, you will be notified by email. Each scholarship is good for up to \$300 and may only be used for enrollment in one enrichment class per session. Each child in a qualified family may receive one scholarship per session. If you choose a class with a fee higher than \$300, you will be responsible for paying any remaining fees during the online registration process. If you need help with registration, please contact us with questions. For enrichment classes, children who qualify for Financial Aid will receive a coupon code to cover the average cost of one enrichment class per semester (up to \$300). IF you apply after the open registration period has closed, please contact Carolyn Rogalsky [carolynr@ps58pta.org] or Carolyn Pravda [cpravda@ps58pta.org] directly in order to register (However, advance FA approval is still required). We offer 14 scholarships each enrichment session. These are offered on a first-come; first-served basis. Students who qualify but do not receive a scholarship in the first session will be placed on a waitlist and given priority in the next session.

### **Aftercare Scholarships**

If you are approved for financial aid, you will be notified by email. Each scholarship is good for the entire school year (if necessary). All PS58 students in a family are eligible for assistance. For aftercare scholarships, we require a letter from your employer stating the days and hours you work or documentation of school hours for

parents pursuing education. Aftercare scholarships cover the full cost of aftercare for the time required by jobs or school with appropriate documentation.

For both enrichment and aftercare financial aid, please fill out the application below. Please return the application along with any supporting documents via email or in a sealed envelope marked "PS58 PTA Carroll Kids Afterschool Program, Attention: Joan Bredthauer, Parent Coordinator, 330 Smith Street, Brooklyn, NY 11231." You can send via snail mail or bring the application to school in an envelope and place it in Joan Bredthauer's mailbox in the Main Office or email Joan @ [jbredthauer2@schools.nyc.gov](mailto:jbredthauer2@schools.nyc.gov) with the scanned forms.

Please direct any questions concerning financial aid to Carolyn Pravda; email [cpravda@ps58pta.org](mailto:cpravda@ps58pta.org); Carolyn Rogalsky email [carolynr@ps58pta.org](mailto:carolynr@ps58pta.org); -or- Joan Bredthauer, Parent Coordinator email: [jbredthauer2@schools.nyc.gov](mailto:jbredthauer2@schools.nyc.gov); 718-330-9322 x1103.

### **Required Information to Submit**

1. Completed Financial Aid Application Form
2. A copy of your most recent Income Tax Return (IRS Form 1040) with copies of all supporting W-2 forms

Submit information as applicable to your situation:

- If you are receiving SSI, food stamps, Medicaid or Medicare, please submit a copy of the Award Letter.
- If you are employed, please submit at least 4 weeks of current pay-stubs.
- If you are self-employed, you must submit your latest business and personal Income Tax return.
- If you are unemployed, you must submit your State Unemployment documentation.

### **Optional Information to Submit**

Telephone, utility and other monthly bills (e.g. Rent) for the previous three months that would serve as backup to your claim of inability to pay the full program fee.

NOTE: Please do not include originals of any documentation, as they will not be returned. And, for your security, all information is confidential and treated with the utmost sensitivity.

## Financial Aid Application

Student Name: \_\_\_\_\_

Grade/Class: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone (home) \_\_\_\_\_

(work) \_\_\_\_\_

(cell) \_\_\_\_\_

Are you requesting (check one or both):

Enrichment Class Fee Waiver \_\_\_\_\_ Aftercare Class Fee  
Waiver \_\_\_\_\_

Do you have a past due balance with Carroll Kids? \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

### **INCOME**

#### **1. Annual Income/Expense:**

*All sources of household income must be reported, including but not limited to: wages, salary, tips, self-employment income, rental income, interest/dividends, alimony/child support and government assistance.*

Father \_\_\_\_\_

Stepfather \_\_\_\_\_

Guardian \_\_\_\_\_

Mother \_\_\_\_\_  
Stepmother \_\_\_\_\_  
Guardian \_\_\_\_\_

**TOTAL YEARLY INCOME**      \$ \_\_\_\_\_

**EXPENSES** (*Enter approximate monthly expenses*)

Housing (rent \_\_\_\_\_ own \_\_\_\_\_)      \$ \_\_\_\_\_

Child Support      \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES**      \$ \_\_\_\_\_

**2.** All applicants must list their household composition/family information in order to be considered for financial aid. If this does NOT match the information on your tax returns, please explain in question #4.

Number of family members: \_\_\_\_\_

Please list all dependents by relationship to student (brother, sister, etc...)

Relationship	Age
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

**4.** Is there any additional hardship you feel prevents you from paying for after school classes? If so, please explain:

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*I certify that the information provided in this application is truthful and accurate, and may be relied on by the P.S. 58 Parent Coordinator in reviewing this application.*

Parent/Guardian signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Date \_\_\_\_\_