



# Early Childhood Family Education



## Fee Assistance Application Academic Year 2022-2023

Moorhead Community Education offers fee assistance

to eligible families that:

- Meet the current Federal Register’s Reduced Fee guideline
- Are residents of Moorhead Area Public School District
- Who agree to pay 20% of the course cost
- Will attend at least 70% of the classes

Moorhead Community Education offers one ( 1 ) scholarship per family per academic year

**Office use only:**

Aid amount 80% \_\_\_\_\_

Amount due 20% \_\_\_\_\_

Date approved \_\_\_\_\_

Approved by \_\_\_\_\_

### Parent/Guardian Names

\_\_\_\_\_

**Address** \_\_\_\_\_

**Contact phone number** \_\_\_\_\_ yes, ok to text

**Contact email address** \_\_\_\_\_

### Please indicate the following:

Household Size	2	3	4	5	6	7	8	9+
<b>Household Annual Gross Income Range</b>				\$1 - \$31,894			\$31,895 - \$40,182	
	\$40,183 - \$48,470	\$48,471 - \$56,758	\$56,759 - \$65,046	\$65,047- \$73,344				
	\$73,34 - \$80,346	More than \$80,347	no income					

**Has your family applied for Free/Reduced Lunch this academic year with Moorhead Area Public Schools?** Yes No

**Does your family participate in any public programs that are Federally funded?**

*Such as: MFIP, FRPL, SNAP, CACFP, CCAP, Foster Care, Head Start preschool* Yes No

### Class Name you wish to apply the financial aid towards:

\_\_\_\_\_

**Tell us who will be attending the class** (**Children and Adults:** First & Last name, Date of birth)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I hereby certify that all the above information is true and correct and I understand that Moorhead Community Education may verify the information on this application.**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

*Information provided will be treated confidentially and used only for eligibility determination and data verification purposes*