

Application for Partial Tuition Waiver for Local Summer School Programs

Program Name _____

Office of the Chief Financial Officer

INSTRUCTIONS: Submit this completed form to the financial office of the Local Summer School Program.

Student MCPS ID number _____

Student's name _____
Last
First
MI

I qualify for (check appropriate box below):

Students Registering for Local Summer School Credit Courses (<i>high school only</i>)	
If your income is:	You pay:
\$0–\$33,475	\$75 <input type="checkbox"/>
\$33,476–\$47,638	\$75 <input type="checkbox"/>
Over \$47,638 (<i>if your income is over \$47,638 you do not need to complete this form. Payment instructions will be provided to you.</i>)	\$150

I certify that the information on this form is true and that my total household income is reported. I understand that school officials may verify the information on this form. I understand that if I purposely give false information, I may have to pay full summer school tuition.

Parent/Guardian (Print Name) _____

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Signature, Parent/Guardian _____ Date ____/____/____

DISTRIBUTION: Original (School)