

MSD Connects Preschool Financial Assistance 2023-2024

The MSD Connects Preschool Financial Assistance program is for families in the Medford School District who wish to enroll their child in an Ivy School Preschool Class at a Medford School District Campus. Assistance is awarded on a sliding scale based on the Federal Poverty Level, family size, circumstance and need. Financial Assistance is awarded based on funding available and information provided. All decisions are final.

Please provide a **copy** of at least one of the following required eligibility documents to verify financial information, along with this form:

- 2 months pay stubs for all adults in the household, W-2s, and any current proof of government benefits (TANF, WIC, Free School Lunch acceptance, Food Stamps, etc)

Your application will not be processed without your financial documentation. Please make a copy of your documents and turn them in with this form. DO NOT turn in original documents! If you are awarded Financial Assistance you must accept it within three business days and pay the applicable registration fees by check or money order within 5 business days. We cannot hold spots after the three business days and will move down our waiting list.

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1 **First Parent/Guardian Name:** _____
Second Parent/Guardian Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone:(_____) _____ - _____
Email: _____

2 **Name of Student in need of financial aid:** _____ Birthday: ____/____/____
MSD Connect's Preschool Financial Aid is based on a sliding scale and does require a monthly family contribution.
What amount do you think your family could afford to contribute monthly: \$ _____
If you do not feel your family can contribute at this time please explain: _____

Was your family affected by the fires in our region this past year? _____

3 **Other family members in the same household as student(not including Parents/Guardians listed above):**

Adult	Child (Please check one)	
_____	_____	Name: _____ Birthday ____/____/____ Relationship to student: _____
_____	_____	Name: _____ Birthday ____/____/____ Relationship to Student: _____
_____	_____	Name: _____ Birthday ____/____/____ Relationship to Student: _____
_____	_____	Name: _____ Birthday ____/____/____ Relationship to Student: _____
_____	_____	Name: _____ Birthday ____/____/____ Relationship to Student: _____

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4 **Household Information**
Are you a Foster Family? Yes No If Yes, number of foster children in the household: _____
Yearly Household Income: \$ _____ Total Number of Children in Household: _____

Do dependent child(ren) qualify for: ___Free Lunch Program ___Reduced Lunch Program
 Are there any special financial circumstances we should take into account? _____

Please tell us how receiving financial aid will benefit your family? _____

How did you hear about our financial aid? _____

5 Please answer the following questions before signing and completing your financial aid application:

Do you receive services from any of the following providers?(Please check all that apply)
 Jackson Care Connect All Care Primary Health

How did you hear about The Ivy School/MSD Connects Preschool? (Please check all that apply)
 Friend/Family Facebook Instagram
 Website Mail Tribune Sneak Preview
 Walking By Advertisements Other: _____

I understand and agree to the above terms and that all documents and information are true.

Print Name of Guardian: _____

Signature of Guardian _____ Date _____

The MSD Connects does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or financial status, in any of its activities or operations. We are not affiliated with any organized religious, ethnic or political groups.

OFFICE USE ONLY	Date Received: ____/____/____
<p>1 Review Date: ____/____/____</p> <p><input type="checkbox"/> Accept <input type="checkbox"/> Decline <input type="checkbox"/> Waitlist</p> <p>2 Payment Information: <input type="checkbox"/> Full Scholarship of: _____ <input type="checkbox"/> Partial of _____ per _____ <input type="checkbox"/> Other: _____</p> <p>3 Award Information: <input type="checkbox"/> Parent Notified: ____/____/____ <input type="checkbox"/> Parent Accepted <input type="checkbox"/> Parent Declined</p>	