



## Hardship/Need-based Application Fee Waiver/Reduction Form (Grade K-5<sup>th</sup>)

STS Academy is aware and concerned about parents whose financial limitations affect their ability to pay for Before & After School Programs. Funding provided by STS Academy, and their community partners have been made available to assist low and very low income households with the cost of Summer, Before & After School Programs at The Learning Center of Pittsburg CA.

- **To be eligible for consideration, this form and supporting documentation must be submitted to The Learning Center at 60 Civic Ave or on line at [TLC@stsacademy.org](mailto:TLC@stsacademy.org). Available for a limited time.**
- **Every applicant must submit proof of income (Fed Tax Return Preferred).**

### Student Information:

Student's First Name: \_\_\_\_\_ Student's Last Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ School attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Have your child participated in other STS Program (Y) (N)... If yes what program? \_\_\_\_\_

### Parent Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Your Occupation: \_\_\_\_\_

To apply for the waiver you must show proof of financial hardship. Include information below with this request form. Some examples of financial hardship documentation. All information requested must be provided to be considered for a hardship waiver.

- 2018 W-2 or 1099
- Current Unemployment check stub or statement
- Benefit Statement
- Notice of Action
- 2018 and/or 2019 Tax Return

What is your annual household income: \$ \_\_\_\_\_ How Many People in your Home \_\_\_\_\_

# of Student	Grade	Percent of Support Requested	Before & After School 6:00 AM 6:00 PM	Before School 6:00 AM 8:00 AM	After School 2:00 AM 6:00 PM	Holidays Only 6:00 AM 6:00 PM	Other Comments
		%					
		%					

I (print your name) \_\_\_\_\_ hereby declare that all information filled out on this form, documentation used to verify that I cannot pay the STS fee, and my financial hardship claim is true and accurate. If not, I understand that any possibility of having my fee waived and/or reduced will be voided. I give permission for STS Academy to verify my income and residence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Discounts & Hardship Waiver Rules and Guideline**

**Sibling Discount 25%**

**Employees & Family 25%**

**STS Academy**

**City of Pittsburg**

**PUSD**

**Previous Client in Good Standing 30%**

**Discounts cannot be combined**

**Discounts cannot be applied  
to hardship fee waivers**

**Hardship Waiver Fees for  
K - 5th Grades only**

**All Discounts and/or Hardship Waivers  
are VOID if payments are past due**