

# AMBOY COMMUNITY UNIT SCHOOL DISTRICT #272

Joshua Nichols, Superintendent  
11 E. Hawley Street  
Amboy, Illinois 61310-1199

(815) 857-2164  
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## NEW FEE WAIVER PROCESS 2023 - 2024

Families who may need financial assistance for district fees will now complete a Fee Waiver Application for the 2023-2024 school year, instead of the Free and Reduced Meal Application as in years past. Students who appear on the current Direct Certification list from the state will automatically receive a fee waiver and do not need to apply. Direct Certification notices have already been emailed to families for the 23-24 school year.

An approved fee waiver will cover student registration and technology fees, and student class and participation fees. It does not apply to any outstanding balances from prior years, including past years lunch balances, and does not cover fees assessed for any lost or damaged items including books, equipment, or other school property. Please see your student's school handbooks for complete description of covered fees.

Only ONE fee waiver application PER HOUSEHOLD is needed. Families are required to submit a new application each school year with eligibility determined by the federal income eligibility guidelines for that school year. Applications may also be submitted at anytime during the year if a family's financial situation changes. If your household income increases by \$50 or more per month (\$600 per year), your household size decreases, or you are no longer eligible for TANF or SNAP benefits, you are obligated to report this change to the District.

To apply for a fee waiver, please complete the attached form and return with all necessary documentation in a *sealed envelope* to your child's school office or to the district office in person or by mail (11 E Hawley Street, Amboy, IL 61310). Complete and signed applications and all supporting documents can also be scanned and emailed to [feewaiver@amboy.net](mailto:feewaiver@amboy.net). **All financial information provided will be kept confidential.**

You will receive an EMAIL notification for the waiver determination within 10 business days. If your application is denied, the reason(s) will be stated and you may appeal the decision. Your request must be in writing and must be received within 30 calendar days.

Questions regarding the fee waiver process may be directed to the Amboy District 272 Office through email ( [feewaiver@amboy.net](mailto:feewaiver@amboy.net) ) or by phone 815-857-2164 ext 2.

— Excellence in Education —

Janet Crownhart  
Amboy High School

Andrew Full  
Amboy Junior High School

Jessica Meusel  
Central School

## INCOME ELIGIBILITY GUIDELINES

EFFECTIVE from July 1, 2023 to June 30, 2024

185% Federal Poverty Guideline

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
For each additional family member, add	9,509	793	397	366	183

# AMBOY COMMUNITY UNIT SCHOOL DISTRICT 272 INSTRUCTIONS TO APPLY FOR A 2023-2024 FEE WAIVER

Step 1. List all Parent(s), guardian(s), and legal dependents living in the household. Include grade level of any District 272 students.

Step 2: List ALL GROSS INCOME (see definitions) of EVERY person in the household under appropriate column. VERIFICATION **MUST BE INCLUDED.** Attach COPIES of ONE OR MORE type(s) of Acceptable Documentation to verify reported information.

*All financial information provided will be kept confidential.*

## ACCEPTABLE DOCUMENTATION

<b>Earnings / Wages / Salary for each job:</b> - Last two current paychecks that show how often it is received; - Letter from employer stating GROSS wages and how often they are paid; - Business papers such as a ledger or tax books if self-employed.	<b>2022 Tax Return</b>
	<b>Child Support / Alimony</b> - Court decree, agreement, or copies of checks received.
<b>Social Security/Pension/Retirement/VA Benefits/Strike Benefits;</b> - Social Security retirement benefit letter; - Statement of Supplemental Security Benefits (SSI) received for each person; - Pension award letter; - Veterans Affairs benefits letter / Union Strike benefit letter	<b>Unemployment Compensation / Disability / or Workers Compensation</b> - Notice of eligibilty from State Employment Security Office; - Check stub of compensation; - Letter from Worker's Compensation describing benefits.
<b>All Other Income</b> - Include any regular contibutions from people who do not live in your household; or - If you have any other forms of income (such as rental income), send information or papers that show the amount of income received, how often it is received, and the dates received.	
<b>NO INCOME</b> - Social Security statement showing you had no income from the prior year. - If you have no income, please provide a letter stating how you provide food, clothing, and housing for your household. - <u>Proof of people paying your bills.</u> - <u>Proof of NO INCOME may be requested to be submitted again at the semester.</u>	

### **Step 3: Parent or guardian must include contact information, sign, and date, and certify all information is true and that all income is reported.**

*CATEGORICALLY ELIGIBLE - if the student is homeless, migrant, runaway, or has been placed by the Department of Children and Family Services with a foster parent or placed in another type of child care facility, please state this information on the application form in lieu of providing financial information. If the student has been placed by the Department of Family Services with a foster parent or in another child care facility, documentation must be attached to the application verifying the student's status.*

### **GROSS INCOME DEFINED AS FOLLOWS**

Any monies BEFORE ANY DEDUCTIONS such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. GROSS INCOME INCLUDES THE FOLLOWING: (1) monetary compensation for services including wages, salary, commissions, or fees; (2) social security; (3) public assistance or welfare payments; (4) unemployment compensation; (5) Alimony or child support payments; (6) government civilian employee or military retirement, pension or veterans payments; (7) net rental income; (8) dividends or interest on savings or bonds or income from estates or trusts; (9) regular contributions from persons not living in the household; and (10) other cash income

# 2023-2024 AMBOY COMMUNITY UNIT SCHOOL DISTRICT 272 FEE WAIVER APPLICATION

1. Using Instructions to Apply for the 2023-2024 Fee Waiver, fill out the form below.
2. Attach copies of acceptable proof of all income for every household member with income (see instructions)
3. Parent/Guardian must sign and certify that all information is true and all income is reported.

**Please send application and required proofs of income in a sealed envelope marked “Fee Waiver” to your student’s school office or mail or drop off to:  
Amboy CUSD 272 District Office at 11 E Hawley Street, Amboy, IL 61310.**

**Completed applications and proof of income may also be scanned and emailed to [feewaiver@amboy.net](mailto:feewaiver@amboy.net)**

<u>Gross Income received - include amounts for ALL sources (see Guidelines in instructions)</u>								
Example: \$400/week, \$800/every 2 weeks, \$1720/month								
List Everyone in Household (please print) NAME	GRADE LEVEL if Student	CURRENT EARNINGS FROM WORK before any deductions	Unemployment Comp, Disability Comp or Workers Comp	Pension, Retirement, Social Security	Welfare, Alimony/Child Support	All Other Income	Total Income	Proof Attached Y/N
Parent/Guardian #1:	/							
Parent/Guardian #2:	/							

living in household #1								
living in household #2								
living in household #3								
living in household #4								
living in household #5								
living in household #6								
living in household #7								
living in household #8								

**I attest that all information on this application is true and all income is reported. I understand school officials will verify (check) the information.**

**I understand if I purposely give false information, my children may lose their waiver benefits.**

\* Last 4 Social Security \_\_\_\_\_

\_\_\_\_\_

PRINTED NAME OF PARENT/GAURDIANSIGNATUIRE OF PARENT/GUARDIANDATE

CONTACT HOME ADDRESS: \_\_\_\_\_ TELEPHONE (HOME, CELL, OR WORK) \_\_\_\_\_

EMAIL ADRESS THAT IS CHECKED REGULARLY \_\_\_\_\_

**For Office Use Only—do not write here** FAMILY SIZE: \_\_\_\_\_ INCOME: \_\_\_\_\_ / week/bi-weekly/monthly / annually APPROVED / DENIED by \_\_\_\_\_ / \_\_\_\_\_