

LOUISIANA SCHOOL FOR MATH, SCIENCE, AND THE ARTS
DIRECTIONS FOR COMPLETION OF APPLICATION FOR WAIVER/REDUCTION
OF ROOM AND BOARD FEES

Regardless of your income status, you **MUST** complete the attached application in order to be considered for waiver or reduction of the Room and Board Fee.

WAIVER OR REDUCTION APPLIES TO THE ROOM AND BOARD FEE ONLY. THERE IS NO EXEMPTION FROM THE SECURITY DEPOSIT, COMPUTER FEE, AND SCIENCE LAB FEES.

If fees are paid, but you and/or your child decide not to attend/return to the Louisiana School, room and board fees, computer fees, and science lab fees will be refunded only if your child did not attend class. There is no provision for pro-rated refunds of fees.

If your family does not file a Federal Tax Return, you must state this in writing and include an explanation of the reason no tax return is filed. **COMPLETING PART 4 OF THE APPLICATION IS REQUIRED, EVEN IF YOU HAD NO INCOME!**

IF YOUR INCOME HAS CHANGED SINCE FILING YOUR FEDERAL TAX RETURN:

1. You must provide a letter describing the change.
2. If you are unemployed, you must send documentation verifying separation from employment and documentation reflecting either the amount of unemployment that you receive or that you are not receiving unemployment benefits.
3. If you have changed jobs, you must provide a letter from your current employer reflecting your current monthly income.

Part 1. Student Information – please provide student name, hometown, and state.

Part 2. Households Receiving Food Stamps, AFDC, or FITAP - **You MUST provide the case number, the annual amount of assistance, AND a copy of documentation reflecting the amount of aid provided.**

Part 3. Households with a Foster Child – List monthly income from state, family, or earnings of foster child. **You MUST provide documentation verifying all amounts reflected here. This can include, but is not limited to, copies of letters from state agencies and/or earnings statements.**

Part 4. Information Regarding Other Members of Household – In column 1 list the names of all members of the household including parents.

If the number of family members and/or names do not match those reflected on your Federal Tax return, you must provide a WRITTEN explanation of the discrepancy.

In columns 2 and 3 list the **MONTHLY** earnings of each household member.

In column 4 list any **MONTHLY** income from welfare, child support, or alimony payments. **You must provide copies of agency documentation or court documents verifying the amounts reflected in this column.**

In column 5 list any **MONTHLY** income from pensions, retirement, or Social Security. **YOU must provide copies of documentation verifying all amounts reflected in this column. This may include, but is not limited to, copies of letters from Social Security Administration, check stubs, or monthly statements.**

In column 6 list the **MONTHLY** income you may receive from any source other than columns 1-5. **You must provide documentation identifying the source of income and reflecting the amount received.**

Part 5. Sign the form and provide your Social Security Number, home phone number, work phone number, printed name, address, and e-mail address.

Return the completed form, a copy of your Federal Tax Return, and/or the documentation supporting any amounts reflected in parts 2-4 to the Louisiana School for Math, Science, and the Arts, 715 University Parkway, Natchitoches, LA 71457.

APPLICATION DEADLINES ARE LISTED ON TOP OF THE FORM. APPLICATIONS WILL NOT BE PROCESSED WITHOUT COMPLETE DOCUMENTATION.

Print and complete the following application.

The Louisiana School's Room and Board Fee is required by law (R.S. 17:1964(2)(o)). However, that law also provides for a waiver or reduction of this fee when a financial hardship exists. If you wish to apply for a waiver or reduction in the Room and Board Fee, you must complete this form and return it **together with a copy of your previous year IRS tax form 1040 or 1040A** to the school's Business Office, 715 University Parkway, Natchitoches, LA 71457, by the specified deadline. If your family does not file a tax return, you must provide a letter stating the reason that your family does not file a tax return. **SUPPORTING DOCUMENTATION FOR ALL EARNINGS REFLECTED IS REQUIRED. Applications received after the deadline may not be considered.**

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| Part 1. Student Information (Please Print) _____ <p style="text-align: center;">Student's Name</p> _____ <p style="text-align: center;">City, State</p> | Part 2. Households Receiving Food Stamps, AFDC or FITAP Food Stamp/AFDC Case Number _____ Amount (per year) \$ _____ Must provide copy of award letter. or FITAP Case Number _____ Amount (per year) \$ _____ Must provide copy of award letter. | | | |
| Part 3. Households with a Foster Child Foster Child's MONTHLY income from state, family, or full-time or regular part-time jobs \$ _____ | | | | |
| Part 4. Information Regarding Other Members of Household List names of all family members in household, including parents) Names _____ _____ _____ _____ _____ _____ | MONTHLY Wages and Earnings (before Deductions) Job 1 Job 2 \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | MONTHLY Welfare Payments, Child Support, Alimony * \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | MONTHLY Pensions, Retirement, Social Security * \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | MONTHLY All Other Income * \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ |
| Part 5. Signature and Social Security Number _____ Signature of Adult Household Member Social Security Number Home Telephone Number Work Telephone Number Printed Name _____ Street Address _____ City/State/Zip _____ e-mail address _____ | | | | |

FOR SCHOOL USE ONLY — DO NOT WRITE BELOW THIS LINE

Total Household Size _____ Total Monthly Income \$ _____ Food Stamp/FITAP Eligibility (Yes) (No) Circle one Foster Child Income \$ _____

_____ FULL EXEMPTION _____ PARTIAL EXEMPTION

Reason for Denial: () Income Too High () Incomplete Application () Missed Deadline () Other _____

Signature of First Reviewer _____ Date _____ Signature of Second Reviewer _____ Date _____