



July 29, 2024

Dear Parent/Guardian,

Your family may qualify for educational benefits at the Math and Science Academy. Fees for sports, field trips, back to school fees, among other items will be waived for qualifying families.

Our school is eligible to receive additional state and federal funds based on the number and/or percentage of students enrolled who reside in households that meet established federal income guidelines. These data are reported to the Minnesota Department of Education (MDE) based on applications provided by each household. However, for data privacy purposes your data is only reported to MDE for the sole purpose of educational benefits and is not shared with any other organizations. A new application must be submitted each year. **Your application is important, not only because it can help you and your child, but it also helps our school qualify for education funds and discounts.**

Return your completed *Alternate Application for Educational Benefits* to the following address or via email to [sholt@mnmsa.org](mailto:sholt@mnmsa.org) or to Math and Science Academy, Attention: Shauni Holt, 8430 Woodbury Crossing, Woodbury, MN 55125.

**Automatic Eligibility:** Households with children participating in the Supplemental Nutrition Assistant Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster children automatically meet the federal income guidelines and do not need to report household income. Foster children who are the legal responsibility of a foster care agency or court are eligible for free meals regardless of household income.

Households that include non-U.S. citizens may be eligible to generate additional revenue for our school and should complete the *Alternate Application for Educational Benefits*.

**Household Members:** Include yourself and all other people living in the household, related or not (such as grandparents, other relatives or friends). Include a household member who is temporarily away, such as a college student.

**Variable Income:** List the amount that you normally get. If you normally get overtime, include it, but not if you get it only sometimes.

**Information you provide on the form, and your child's income status will be protected as private data.** See the back page of the *Alternate Application for Educational Benefits* for more information about how the information is used.

**Verification:** Information provided in this form is subject to occasional verification checks.

If you have questions or need help, please call 651-578-7507.

Sincerely,

Dr. Kate Hinton, Executive Director  
Math and Science Academy

## Instructions for Completing the Alternate Application for Educational Benefits

Complete the *Alternate Application for Educational Benefits* for school year 2024-25 if any of the following apply:

Any household member currently participates in the Minnesota Family Investment Program (MFIP), or

The Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR), or

One or more children in the household are foster children (a welfare agency or court has legal responsibility for the child), or

Total household income (gross earnings, not take-home pay) should be at the marked number below or lower to qualify for Reduced or Free Meals based on the 2024-25 school year. To see the breakdown of income guidelines to qualify for Reduced or Free meals, please review the [Household Income Guidelines for School Year 2024-25](#).

### Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	27,862	2,323	1,162	1,073	537
2	37,815	3,153	1,577	1,456	729
3	47,768	3,982	1,992	1,839	920
4	57,721	4,811	2,406	2,221	1,111
5	67,674	5,641	2,821	2,604	1,303
6	77,627	6,470	3,236	2,987	1,494
7	87,580	7,300	3,651	3,370	1,686
8	97,533	8,129	4,065	3,753	1,877
Add for each additional person (this rate is to qualify for <i>Reduced Meals</i> )	9,953	830	415	383	192
Add for each additional person (this rate is to qualify for <i>Free Meals</i> )	6,994	583	292	269	135

**Children and Foster Status:** List all children in the household in Section 1.

- Indicate that a child is in foster care by checking the box.
- Include any regular income, for example supplemental security income (SSI), to children other than foster children. Do not list occasional earnings like babysitting.

**Case Number:** Complete Section 2 if any household member currently participates in one of the programs listed in that section. If Section 2 is completed, skip Section 3 (adult names and incomes).

**Adults/Household Incomes:** List all adult household members, whether related or not, in Section 3. Include an adult who is temporarily away, such as a student away at college. Do not complete Section 3 if a case number was provided in Section 2, or if the application is for foster children only.

List each adult household member's gross incomes (not take-home pay) and how often each income is received. For example, "W" for Weekly.

- List gross incomes before deductions.
- If an income varies, list the amount usually received.
- For farm/self-employment income only, list net income after subtracting business expenses.
- Examples of "other income" to include in the last column are farm/self-employment, Veterans benefits and disability benefits.
- Check the "No Income" column after a person's name if they have no income.

Do not include as income: foster care payments, federal education benefits, MFIP payments, combat pay, or value of assistance received from SNAP, WIC, FDPIR or Military Privatized Housing Initiative.

**Signature:** The form must be signed and dated by an adult household member in Section 5.

# Alternate Application for Educational Benefits School Year 2024-25 State and Federally Funded Programs

Economic Status for MARSS Reporting: Community Eligibility Provision 2 and 3 No Meal Program

**SEND/DROP OFF: SHAUNI HOLT AT MSA**

1. Names of all Children in Household including Foster Children. Attach additional page if necessary.

Last Name	First Name	Date of Birth (MM/DD/YYYY)	Grade	School	Check if Foster Child	Any Regular Income to Child Example SSI
						\$ per
						\$ per

2. Benefits (if applicable)

if any household member receives benefits from a program listed below, write in the name of the person and case number, check the appropriate box, and skip Section 3.

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Minnesota Family Investment Program (MFIP)  Supplemental Nutrition Assistance Program (SNAP)  Food Distribution Program on Indian Reservations Medical Assistance and WIC do *not* qualify.

Child is the legal responsibility of a welfare agency or court. (If all children applied for are foster children, skip Sections 3 and 4.)

3. Names of all Adults in Household (all household members not listed in Section 1).

Include all adults living in your household, related or not. Attach an additional page if necessary.

Names of All Adult Household Members (First and Last)	Weekly	Bi-weekly	2x Month	Monthly
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gross Earnings from Working at Jobs		Report income before deductions or taxes in whole dollars (no cents).
Monthly	<input type="checkbox"/>	\$
Yearly	<input type="checkbox"/>	\$
Monthly	<input type="checkbox"/>	\$
Yearly	<input type="checkbox"/>	\$

Are you Self-Employed or a Farmer?		Net income from Farm or Self-Employment. Do not duplicate elsewhere.
Monthly	<input type="checkbox"/>	\$
Yearly	<input type="checkbox"/>	\$
Monthly	<input type="checkbox"/>	\$
Yearly	<input type="checkbox"/>	\$

Any Other Gross Income			
Weekly	Bi-weekly	2x Month	Monthly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Household Incomes: Write in each gross income and how often it is received: **weekly (W)**, **bi-weekly (BW)**, **every two weeks (BW)**, **twice per month (TM)**, **monthly (M)**. Do *not* write in hourly pay. If income fluctuates, write in the amount normally received. Attach an additional page if necessary.

4. This information may be shared with Minnesota Health Care Programs to identify children who are eligible for Minnesota health insurance programs. Leave the box blank to allow sharing of information. See page 3 for more information.

Do not share information with Minnesota Health Care Programs.

I certify (promise) that all information furnished on this application is true and correct, that all household members and incomes are reported, that application is made so that the school may receive state funds based on the information on the application, that school officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal statutes.

Signature of Adult Household Member (*required*): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Office Use Only

Total Household Size: \_\_\_\_\_ Total Income: \$ \_\_\_\_\_ per \_\_\_\_\_

**Approved (check all that apply):**  Case Number – Free  Foster – Free  Income – Free  Income – Reduced-Price

**Denied:**  Incomplete  Income Too High  Other: \_\_\_\_\_

Signature – Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_

Change Status To: \_\_\_\_\_ Reason: \_\_\_\_\_ Withdrawn: \_\_\_\_\_

### Office Use Only

Date Verification Sent: \_\_\_\_\_ Response Due: \_\_\_\_\_ Second Notice: \_\_\_\_\_

Result:  Free to Reduced-Price  Free to Paid  Reduced-Price to Free  Reduced-Price to Paid

Reason for Change:  Income  Case number not verified  Foster not verified  Refused Cooperation  Other

Signature Verifying Official: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Confirming Official: \_\_\_\_\_ Date: \_\_\_\_\_

### Privacy Act Statement/How Information Is Used

We will use your information to determine if your child is eligible for free or reduced-price economic status for purposes of state reporting. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

At public school districts, each student's economic status is also recorded on a statewide computer system used to report student data to the Minnesota Department of Education as required by state law. The Minnesota Department of Education uses this information to: (1) administer state and federal programs, (2) calculate compensatory revenue for public schools; and, (3) evaluate the quality of the state's educational program.

Children who are eligible for free and reduced-price economic status may be eligible for Minnesota Health Care Programs. Your child's eligibility status may be shared with Minnesota Health Care Programs, unless you tell us not to share your information by checking the box in Section 4 of the application. You are not required to share information for this purpose and your decision will not affect your child's economic status as determined on this for.