

opencircleRI.com
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401-338-5466

INCOME-BASED
SCHOLARSHIP / REDUCED RATE APPLICATION

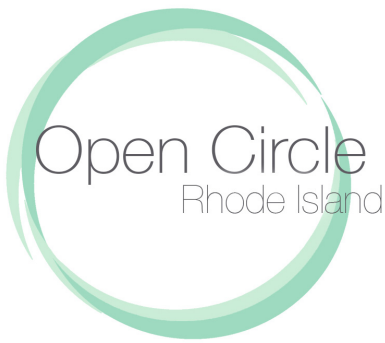
If you are interested in a reduced rate for any of our services, please fill out this application.
If you are having trouble understanding the questions or would like help in completing it, please
email or call us. It should take no more than 15 minutes to complete.

You will be asked to provide a copy of last year's federal income tax return or copies of four
consecutive pay stubs (for all adults contributing to household costs)

Please think carefully about how much you can pay, and only request a reduction that you
actually need. This will allow us to continue to provide services to as many families as possible.

PLEASE NOTE: All information on this form is kept strictly confidential, and the documents
are destroyed after your participation in the services or workshop.

Date
Rate reduction requested
Service/class applied for
Name
Address City State Zip
Home Cell Work
Email
Number of people living in household (including unborn baby)
Ages of each person living in the home
Non-child dependents
Number of adults employed for pay
Place of employment for each employed person
Name employment
Name employment
Name employment
Name employment
Name employment
Name employment



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Net annual income (total earnings after taxes) \$ _____

All other income from any source (child support, grandparents, dividends, etc.) \$ _____

Exceptional financial demand (please describe)

Do you own your home Yes No Fair market value \$ _____

Current Equity in your home: \$ _____

Money in savings of any kind, including retirement accounts \$ _____

Please explain why you feel you need the rate reduction

FEDERAL POVERTY LEVELS - ANNUAL INCOME

Family Size	100%	133%	138%	250%
1	\$11,770	\$15,654	\$16,242	\$29,425
2	\$15,930	\$21,186	\$21,983	\$39,825
3	\$20,090	\$26,719	\$27,724	\$50,225
4	\$24,250	\$32,252	\$33,465	\$60,625
5	\$28,410	\$37,785	\$39,205	\$71,025
6	\$32,570	\$43,318	\$44,946	\$81,425