

# Lewis Center for Educational Research Academy for Academic Excellence

17500 Mana Road  
Apple Valley, CA 92307-2181  
www.lewiscenter.org  
760-946-5414



## School Year 2017 – 2018

Dear Parents and Guardians,

The Academy for Academic Excellence requires that students follow a mandatory uniform dress code. When family income is insufficient, the Foundation Board will assist qualified families by either providing used uniforms in good condition or by purchasing uniforms. Students will be supplied with up to three sets of uniforms per school year. The Foundation Board will follow State Income Eligibility Guidelines for free and reduced-price meals to determine financial need.

### How to Apply:

Complete the attached application for uniform assistance, sign it, and return it to the school as soon as possible. To participate in this program, a copy of last year's tax return must be provided for each adult in the household. A household is defined as a group of related or non-related individuals who are living as one economic unit and share living expenses. Living expenses include rent, clothing, food, utility bills, etc. The application cannot be processed if it contains incomplete information or if last year's tax return is not provided. Recipients of uniform assistance are required to return uniforms to the school in good condition when they leave the AAE or when they outgrow them. Uniforms must be returned before applying for new uniforms. These uniforms will be recycled to help other families in need of assistance.

Household Size	Income Eligibility Guidelines July 1, 2017 – June 30, 2018	
	Monthly Income	Annual Income
1*	\$1,832	\$21,979
2	\$2,470	\$29,637
3	\$3,108	\$37,296
4	\$3,747	\$44,955
5	\$4,385	\$52,614
6	\$5,023	\$60,273
7	\$5,663	\$67,951
8	\$6,304	\$75,647

\* A household of one means a foster student, a student in out-of-home care, or a student who is his/her sole support.

**ACADEMY FOR ACADEMIC EXCELLENCE**  
**Application for Uniform Assistance for School Year 2017-2018**

Please complete, sign, and return this application to the school.

List the names of the children in your household\* you are requesting assistance for:

Last Name	First Name	Grade	Total # in Household
1.			
2.			
3.			
4.			
5.			
6.			

List all adult household\* members, regardless of whether or not they have income. Indicate the amount and source of monthly income each household member received last month before taxes or anything else was taken out. If any amount last month was more or less than usual, enter the usual monthly income. Also list any income received by or for a child from full-time or regular part-time employment, SSI or Adoption Assistance. To figure monthly income: for weekly, multiply the gross income by 4.33; every 2 weeks, multiply the gross income by 2.15; twice a month multiply the gross income by 2.

Income to report: Earnings from work: wages from salaries and tips, strike benefits, unemployment compensation, workers' compensation, net income from self-owned business or farm; pensions, retirement, social security; CalWORKS benefits, food stamps, child support, alimony; other income: disability benefits, cash withdrawn from savings, interest and dividends, income from estates, trusts and investments, regular contributions from persons not living in the household, net royalties and annuities, net rental income, any other income. Please submit verification of income with this application.

Last Name	First Name	Gross Earnings from work (before deductions) Include all jobs	Pension, Retirement, Social Security	CalWORKS Benefits, Food Stamps, Child Support, Alimony	Any Other Monthly Income	FOR SCHOOL USE ONLY Total Monthly Income
1.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$
5.		\$	\$	\$	\$	\$

\* Household means a group of related or non-related individuals who are living as one economic unit and share living expenses. Living expenses include rent, clothing, food, doctor bills, utility bills, etc.

Foster care students: If applying for assistance for a foster care student and the student is the legal responsibility of the welfare agency or is a ward of the court, and if the student receives personal use income, list the amount of income in the section above. Personal use income is (a) money given by the welfare office identified by category for the student's personal use, such as clothing, school fees, and allowances; and (b) all other money the child receives, such as money from family and earnings from employment.

**continued on reverse side**

Social Security Number: This application must have the social security number of the adult who signs it. If the adult does not have a social security number, write "none". If the application is for a foster student, a social security number is not required.

Applying for Assistance: You may apply for assistance at any time during the school year. If you are not eligible now, but your income goes down, you lose your job, your family size increases, or you become eligible for assistance, you may submit an application at that time.

Verification: School officials may verify the information on the application. Please submit verification of your income.

Confidentiality: Family size, household income, and social security number information will remain confidential and will not be shared for any purpose. Information you provide will determine your students' eligibility to receive uniform assistance.

**Recipients of uniform assistance are required to return uniforms to the school if and when you leave the AAE. These uniforms will be recycled to help other families in need of assistance.**

I certify below that the information on this application is true and correct and that all income is reported. I understand that school officials may verify the information on the application, and that deliberate misrepresentation of any information may subject me to prosecution under applicable State and Federal laws. I have included verification of all household members' income for last month.

X \_\_\_\_\_  
*Signature of adult household member completing this form*

SS# \_\_\_\_\_  
*(Write "none" if N/A)*

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_