



Summer School Tuition Assistance 2022

Eligibility

You may apply for financial assistance for summer school if your child:

1. is 0-18 years of age
2. is a resident of Tarrant County
3. is in middle or high school
4. has good citizenship and attendance
5. has failed to gain the skills necessary to advance to the next grade
6. has not received summer school assistance from Gill Children's Services in the past
7. is not eligible for any other assistance program

Apply Online or In-Person

Online

You must attach your referral form and income verification to your online application.



Apply Online

In-Person at 555 Hemphill St, Ste 200, Fort Worth, TX 76104)

The following documents must be completed and submitted together by your district's deadline.

- Application
- Referral form (filled out by school staff member)
- Income verification (paycheck stub, tax documents, letter from employer, etc.)

Deadline to Apply

Arlington ISD.....	May 26, 2022, 12:00pm	Grapevine-Colleyville ISD...	June 2, 2022, 12:00pm
Birdville ISD.....	June 1, 2022, 12:00pm	HEB ISD.....	June 8, 2022, 12:00pm
Carroll ISD.....	June 2, 2022, 12:00pm	Kennedale ISD.....	June 2, 2022, 12:00pm
Crowley ISD.....	June 2, 2022, 12:00pm	Mansfield ISD.....	May 9, 2022, 12:00pm
Eagle Mountain-Saginaw ISD...	June 3, 2022, 12:00pm	White Settlement ISD.....	June 2, 2022, 12:00pm

Approval or Denial

It takes up to five days to review an application. The Case Manager will not review incomplete applications. You will receive a letter via email if your child is denied for summer school tuition assistance.

You will receive an approval letter via email if your child is approved. This letter must be taken with you to register your child for summer school at their district. Without the approval letter, the district may charge you for the cost of registering your child. Gill will not provide reimbursements. If your district is registering for summer school online, please direct any registration questions to your district. Gill may only cover a portion of the tuition needed. Be prepared to pay your guardian contribution when you register for summer school.

For questions, please contact Alex Estrada Grady, Case Manager, (817) 332-5070 ext. 101



555 Hemphill Street, Suite 200 | Fort Worth, Texas 76104 | (817) 332-5070
Hours: Monday - Friday, 8:30AM - 3:30PM

Gill Children's Services

Referral Form: Summer School Tuition 2022

To be filled out by school staff members only

I recommend the following student for tuition assistance for the summer session of 2022.

_____	_____	_____	_____
<i>Student Name</i>	<i>Date of Birth</i>	<i>Grade</i>	<i>School District</i>
_____	_____	_____	_____
<i>Parent Name</i>	<i>Parent Phone Number</i>	<i>Parent Email</i>	

Please list the classes that the student must take this session. *Gill may only approve up to three classes.*

_____	_____	_____
<i>Class Name</i>	<i>\$ Tuition</i>	<i>Registration Fee</i>
_____	_____	_____
<i>Class Name</i>	<i>\$ Tuition</i>	<i>Registration Fee</i>
_____	_____	_____
<i>Class Name</i>	<i>\$ Tuition</i>	<i>Registration Fee</i>

Explain why the student must attend summer school this session. Please include classes failed. _____

If in high school, does the student have the option to drop electives next year to make up the failed classes?

N/A Yes No: _____

Will the student be promoted if he/she successfully completes this summer session? No Yes

Did the student's absences cause the failure? No Yes Number of absences: _____

Was there an extenuating circumstance for the student's absences? No Yes Please describe: _____

Does the student have parental support or involvement? No Yes Comments: _____

This form was filled out by:

_____	_____	_____
<i>Staff Name</i>	<i>Position</i>	<i>Date</i>
_____	_____	_____
<i>School</i>	<i>Phone Number</i>	<i>Email</i>



Application: Summer School Tuition 2022

Section 1: Service Information

- 1A. What is the total cost of your child's summer school? \$
How much are you able to contribute to the cost of summer school? \$
How much are you requesting from Gill Children's Services? \$
1B. Which school district will your child be attending summer school?
1C. Please explain why you need Gill's assistance at this time.
1D. Have you applied for assistance from Gill Children's Services before? No Yes:

Section 2: Referral Information

- 2A. How did you hear about Gill Children's Services?
2B. Do you have a relationship with anyone on Gill's staff? No Yes:
2C. Have you called 2-1-1 or visited www.tarrantcounty211.org? Yes No
2D. Provide contact information for your child's school counselor.
2E. In case we cannot reach you, please list nearest friend or relative.

Section 3: Child Information

3A. Fill out the following information for **ALL children in your household**. Please indicate which children need assistance with summer school.

<input type="checkbox"/> This child needs Gill's assistance			
Child's Name: _____			
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix (Jr., Sr.)</i>
Date of Birth: ___/___/_____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Is the child a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other _____			

<input type="checkbox"/> This child needs Gill's assistance			
Child's Name: _____			
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix (Jr., Sr.)</i>
Date of Birth: ___/___/_____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Is the child a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other _____			

<input type="checkbox"/> This child needs Gill's assistance			
Child's Name: _____			
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix (Jr., Sr.)</i>
Date of Birth: ___/___/_____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Is the child a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other _____			

<input type="checkbox"/> This child needs Gill's assistance			
Child's Name: _____			
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix (Jr., Sr.)</i>
Date of Birth: ___/___/_____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Is the child a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other _____			

Section 4: Parent/Guardian Information

4A. Fill out the following information about the child's parent or guardian. Please indicate which parent(s) should be the primary contact for your application.

This parent/guardian is the primary contact for this request

Relationship to child: Mother Father Legal Guardian Other: _____

Name: _____
First Middle Last Suffix (Jr., Sr.)

Contact Information: _____
Cell Phone Home Phone Email

Address: _____
Number Street Apt. City State Zip

Marital Status: _____ Language: English Spanish Other: _____

Employment: _____
Employer \$ Amount per month

Unemployed Unemployment benefits: _____
\$ Amount per month

This parent/guardian is the primary contact for this request

Relationship to child: Mother Father Legal Guardian Other: _____

Name: _____
First Middle Last Suffix (Jr., Sr.)

Contact Information: _____
Cell Phone Home Phone Email

Address: _____
Number Street Apt. City State Zip

Marital Status: _____ Language: English Spanish Other: _____

Employment: _____
Employer \$ Amount per month

Unemployed Unemployment benefits: _____
\$ Amount per month

Section 5: Financial Information

5A. How many people live in your household? _____

5B. Please list the family's monthly expenses.

Rent/Mortgage Payment	\$ _____
Electricity	\$ _____
Gas	\$ _____
Water	\$ _____
Food/Groceries (Do not include food stamps)	\$ _____
Cell Phone	\$ _____
Car Payment	\$ _____
Gas/Transportation	\$ _____
Car Insurance	\$ _____
Child Care	\$ _____
Hygiene/Personal Expenses	\$ _____
Medical Bills	\$ _____
Major Credit Cards (Total Balance: \$ _____)	\$ _____
Loans (Total Balance: \$ _____)	\$ _____
Other (Please specify): _____	\$ _____

5C. Does your family receive any of the following support?

Child Support	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly Amount: \$ _____
TANF	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly Amount: \$ _____
SNAP/Food Stamps	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly Amount: \$ _____
Social Security (Retirement or SSI/SSD)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly Amount: \$ _____
Housing	<input type="checkbox"/> No <input type="checkbox"/> Yes	
WIC	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly Amount: \$ _____

Office Use Only

Date received: _____

Missing documents: _____

Approved Denied: _____ Initial: _____

Household ID #: _____ Client IDs#: _____

Known conflicts of interest with the applicant? No Yes: _____

