



## Summer School Tuition Assistance 2023

### 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.....	June 7, 2023, 12:00pm	HEB ISD.....	June 7, 2023, 12:00pm
Birdville ISD.....	June 1, 2023 12:00pm	Kennedale ISD.....	June 7, 2023, 12:00pm
Carroll ISD.....	June 2, 2023 12:00pm	Mansfield ISD.....	May 19, 2023, 12:00pm
Crowley ISD.....	June 1, 2023, 12:00pm	Northwest ISD.....	June 7, 2023, 12:00pm
Eagle Mountain-Saginaw ISD...	May 31, 2023, 12:00pm	White Settlement ISD.....	May 31, 2023, 12:00pm
Grapevine-Colleyville ISD.....	May 31, 2023, 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. You must provide this letter when you 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. 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



Referral Form: Summer School Tuition 2023

This form should be completed by school counselor then provided to the parent.

I recommend the following student for tuition assistance for the summer session of 2023.

Student Name, Date of Birth, Grade, School District, Parent Name, Parent Phone Number, Parent Email

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

Class Name, \$ Tuition, Registration Fee (repeated three times)

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:

Staff Name, Position, Date, School, Phone Number, Email



Application: Summer School Tuition 2023

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: \_\_\_\_\_

