



Summer School Tuition Assistance 2025

Eligibility

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

- 1. is 18 years or younger
2. lives in 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

Table with 2 columns: District Name and Deadline. Includes Birdville ISD, Burleson ISD, Carroll ISD, Crowley ISD, Eagle Mountain-Saginaw ISD, Grapevine-Colleyville ISD, HEB ISD, Keller ISD, Kennedale ISD, Northwest ISD, and White Settlement ISD.

Approval or Denial

It takes up to five days to review an application. Incomplete applications will not be considered.

You will receive a letter via email when your child's request for summer school tuition assistance is approved or declined. If approved, you must provide the approval letter to your district when you register your child for summer school. Without the approval letter, the district may charge you for the cost of tuition. Gill will not provide reimbursements. Gill may only cover a portion of the tuition needed. The tuition approval limit for 2025 is two half-credits per student. Be prepared to pay your guardian contribution when you register for summer school.

For questions, please contact Lizbeth Aguilar, 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 2025

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

The following student is recommended for tuition assistance for the summer session of 2025.

_____	_____	_____	_____
<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 credits that the student must take this session. *Gill may only approve up to two half-credits.*

_____	_____	_____
<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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the student need to take more than two half-credits this session? If so, how many? \_\_\_\_\_  
\_\_\_\_\_

If in high school, does the student have the option to drop electives next year to make up the failed classes?  
 N/A  No  Yes: \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

In your opinion, is this student's need for summer school an emergency and last resort?  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 2025

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 received 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.

Name

Email

Phone

### 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.

This child needs Gill's assistance

Child's Name: \_\_\_\_\_  
*First Middle Last Suffix (Jr., Sr.)*

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Gender:  Male  Female Is the child a US Citizen?  Yes  No

Ethnicity:  African American  Asian  Caucasian  Hispanic  Other \_\_\_\_\_

This child needs Gill's assistance

Child's Name: \_\_\_\_\_  
*First Middle Last Suffix (Jr., Sr.)*

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Gender:  Male  Female Is the child a US Citizen?  Yes  No

Ethnicity:  African American  Asian  Caucasian  Hispanic  Other \_\_\_\_\_

This child needs Gill's assistance

Child's Name: \_\_\_\_\_  
*First Middle Last Suffix (Jr., Sr.)*

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Gender:  Male  Female Is the child a US Citizen?  Yes  No

Ethnicity:  African American  Asian  Caucasian  Hispanic  Other \_\_\_\_\_

This child needs Gill's assistance

Child's Name: \_\_\_\_\_  
*First Middle Last Suffix (Jr., Sr.)*

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Gender:  Male  Female Is the child a US Citizen?  Yes  No

Ethnicity:  African American  Asian  Caucasian  Hispanic  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 Status:  
 Unemployed  Employed Part-Time (<35 hours per week)  Employed Full-Time (35+ hours per week)

Employer: \_\_\_\_\_

Monthly Income before taxes: \$ \_\_\_\_\_ Monthly income after taxes: \$ \_\_\_\_\_

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*

Employment Status:  
 Unemployed  Employed Part-Time (<35 hours per week)  Employed Full-Time (35+ hours per week)

Employer: \_\_\_\_\_

Monthly Income before taxes: \$ \_\_\_\_\_ Monthly income after taxes: \$ \_\_\_\_\_

**Section 5: Financial Information**

5A. How many people live in your household? \_\_\_\_\_

5B. Does your family receive any of the following income or benefits?

- Child Support  No  Yes Monthly Amount: \$ \_\_\_\_\_.
- TANF  No  Yes Monthly Amount: \$ \_\_\_\_\_.
- SNAP/Food Stamps  No  Yes Monthly Amount: \$ \_\_\_\_\_.
- Social Security (Retirement or SSI/SSD)  No  Yes Monthly Amount: \$ \_\_\_\_\_.
- Unemployment  No  Yes Monthly Amount: \$ \_\_\_\_\_.
- Housing  No  Yes
- WIC  No  Yes
- Other: \_\_\_\_\_  No  Yes Monthly Amount: \$ \_\_\_\_\_.

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

- Rent/Mortgage \$ \_\_\_\_\_.
- Electricity \$ \_\_\_\_\_.
- Gas \$ \_\_\_\_\_.
- Water \$ \_\_\_\_\_.
- Food/Groceries (Do not include SNAP/food stamps) \$ \_\_\_\_\_.
- Car Payment \$ \_\_\_\_\_.
- Car Insurance \$ \_\_\_\_\_.
- Gas/Transportation \$ \_\_\_\_\_.
- Child Care \$ \_\_\_\_\_.
- Cell Phone \$ \_\_\_\_\_.
- Internet \$ \_\_\_\_\_.
- Subscriptions \$ \_\_\_\_\_.
- Hygiene/Personal Expenses \$ \_\_\_\_\_.
- Health Insurance Premium \$ \_\_\_\_\_.
- Medical Bills (Total Balance: \$ \_\_\_\_\_) \$ \_\_\_\_\_.
- Credit Cards (Total Balance: \$ \_\_\_\_\_) \$ \_\_\_\_\_.
- Loans (Total Balance: \$ \_\_\_\_\_) \$ \_\_\_\_\_.
- Other (Please specify): \_\_\_\_\_ \$ \_\_\_\_\_.

## Section 6: Acknowledgement and Authorization

### 6A. Acknowledgement of Funding Services

Gill Children’s Services, Inc. (“Gill”), a 501(c)(3) non-profit charity, is a funding source of last resort that provides a safety net for Tarrant County children whose medical, dental, physical, social, psychological and educational needs have not been met by other community resources. Gill provides funding only when the family’s and community’s resources have been exhausted. By signing below, you acknowledge and agree, on behalf of yourself, your spouse (if applicable), and the minor child for whose benefit funding is sought (all collectively, “Recipient”), as follows:

1. Gill is providing funding for Recipient to obtain services from a third-party provider and will issue payment directly to such third-party provider. No funds will be directly paid to Recipient.
2. Gill is not responsible for the conduct of any third-party provider that provides services to Recipient. Recipient is solely responsible for choosing to use such third-party provider of services and for the course of treatment that Recipient selects.
3. IN CONSIDERATION FOR THE FUNDING GILL IS PROVIDING RECIPIENT, EACH RECIPIENT AND THEIR RESPECTIVE HEIRS AND PERSONAL REPRESENTATIVES, HEREBY RELEASES GILL AND ITS RESPECTIVE EMPLOYEES, OFFICERS, DIRECTORS AND AGENTS (COLLECTIVELY "RELEASEES") FROM ANY AND ALL CAUSES OF ACTION, CLAIMS, LIABILITIES OR DAMAGES WHICH MAY NOW OR HEREAFTER BE SUFFERED BY RECIPIENT THAT RELATE IN ANY WAY TO OR ARISE OUT OF THE SERVICES FOR WHICH GILL IS PROVIDING FUNDING (THE "SERVICES") AND AGREE (I) NOT TO BRING ANY CAUSE OF ACTION OR CLAIM OF ANY KIND WHATSOEVER AGAINST ANY RELEASEE ARISING OUT OF OR RELATED TO, DIRECTLY OR INDIRECTLY, THE SERVICES, INCLUDING WITHOUT LIMITATION, ANY INJURY OR DAMAGE TO ANY PERSON OR PROPERTY RESULTING FROM THE SERVICES OR ANY CLAIM THAT IS BASED ON THE SOLE, JOINT, OR COMPARATIVE NEGLIGENCE OF GILL; AND (II) THIS ACKNOWLEDGMENT OF FUNDING SERVICES SHALL BE A COMPLETE DEFENSE TO, AND A CONSENT TO THE DISMISSAL OF, ANY CAUSE OF ACTION OR CLAIM BROUGHT AGAINST GILL IN CONTRAVENTION HEREOF.
4. This Acknowledgement of Funding Services shall be governed by and construed in accordance with Texas law, and any dispute between Gill and Recipient must and may only be brought in a court of competent jurisdiction in Tarrant County, Texas.
5. Recipient has carefully read this Acknowledgement of Funding Services, understands its contents and has signed it freely and voluntarily with full knowledge of its contents, and the person signing on behalf of the minor child is the parent or legal guardian of such child and authorized to sign on his or her behalf.

\_\_\_\_\_

*Parent/Guardian Signature*

\_\_\_\_\_

*On behalf of minor*

\_\_\_\_\_

*Date*

- 6B. I grant permission to Gill Children’s Services, Inc. to use a summary of my child’s case for any and all purposes related to public education and/or promotion of Gill Children’s Services. I further grant permission for Gill Children’s Services, Inc. to use, publish, and or display any artwork created by my child for Gill Children’s Services. I release any and all rights to images created and prepared and release Gill Children’s Services from any and all claims or liabilities resulting from their use. I further understand that once the case information/artwork is disclosed, it may be redisclosed by the recipient or by Gill Children’s Services and the information may not be protected by federal privacy laws or regulations. I understand I may revoke this authorization at any time by notifying Gill Children’s Services in writing at 555 Hemphill Street, Suite 200, Fort Worth, TX 76104 of my intent to revoke this authorization. I understand that such revocation will not have any effect on any actions taken by Gill Children’s Services, Inc. before the receipt of the revocation.

\_\_\_\_\_

*Parent/Guardian Signature*

\_\_\_\_\_

*On behalf of minor*

\_\_\_\_\_

*Date*