



**MSSP  
Financial Assistance Program Application  
Aug. 1, 2014 – May 31, 2015**

The City of Golden has established a program to make the Middle School Sports Program (MSSP) available to Bell Middle School students who have demonstrated financial need. Students meeting the qualifications as established below will receive assistance with their registration fees, up to \$150 per family per year. The amount awarded is the maximum amount and will only be available for use if funds are available. Funds are not transferable and may be used only for MSSP registrations.

Other restrictions may apply. Please contact us for details.

To qualify for reduced fee consideration, the following guidelines must be met with documentation provided at the time the application is submitted:

1. Income within federal low-income guidelines, or participation in state or federal assistance program.
  - a. **Copy of letter verifying your child's participation in Jeffco Schools free and reduced lunch program**
  - b. Verification of assistance through any other county, state, or federal program
  - c. A copy of your most recent tax return (IRS Form 1040) must be attached to the application if your child does not participate in the Jeffco Schools free and reduced lunch program.

2013 Poverty Guidelines as provided by the U.S. Department of Health and Human Services

<b>Persons in Family</b>	<b>75% reduction</b>	<b>50% reduction</b>	<b>25% reduction</b>
1	\$17,505	\$23,340	\$29,175
2	\$23,595	\$31,460	\$39,325
3	\$29,685	\$39,580	\$49,475
4	\$35,775	\$47,700	\$59,625
5	\$41,865	\$55,820	\$69,775
6	\$47,955	\$63,940	\$79,925
7	\$54,045	\$72,060	\$90,075
8	\$60,135	\$80,180	\$100,225
For each additional member, add:	\$6,090	\$8,120	\$10,150

The income guidelines provided are meant to serve as a starting point for assessing the need for financial assistance and are not definitive. The City of Golden recognizes that each individual / family's financial situation is unique and therefore we are committed to discussing requests on an individual basis if the provided income guidelines are not met.

Return application and documents to Julie Brooks at:  
 City of Golden  
 1445 10<sup>th</sup> St.  
 Golden, CO 80401  
 ATTN: Julie Brooks  
[jbrooks@cityofgolden.net](mailto:jbrooks@cityofgolden.net)  
 Fax: 303-384-8061



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Today's Date	
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Applicant Information (to be filled out by Parent or Guardian)

Last Name (parent/guardian)	First Name (parent/guardian)	Birth Date	Gender
Street Address		City	State    Zip
Home Phone	Cell or Work Phone	Email Address	

Please list all members of your household, including yourself and any individuals in your household who provide support services that may affect your eligibility.

Name	Date of Birth	Gender	Relationship to applicant above	Applying for MSSP?
		M F		Y N
		M F		Y N
		M F		Y N
		M F		Y N
		M F		Y N
		M F		Y N
		M F		Y N
		M F		Y N
		M F		Y N

***If your child qualifies for Jeffco's Free and Reduced Lunch Program, this documentation is all you will need for the application. If not, please see below for additional programs that qualify.***

**Income**

Gross annual income includes wages, unemployment compensation, worker's compensation, public assistance payments, alimony/child support payments, pension, SSI, retirement income, veteran's payments, social security payments, disability payments, student loans/grants, contributions from people not living in the household, or other income. The gross income amount taken from the 2013 IRS tax form 1040 will be the only accepted proof of income. Only dependents that are listed on your tax form will be eligible to participate in this program.

Please state total gross (gross = before taxes) household income from your 2013 tax return and attach a copy of tax return to this application.	\$
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National Gold Medal Winner

### Assistance Programs

If your current situation does not qualify your child for Jeffco's Free and Reduced Lunch Program, or is not reflected by your most recent tax return or your income does not fall within the poverty guidelines, please mark any assistance programs in which you and your family are currently enrolled. Documentation verifying current enrollment in a program and eligibility expiration date must accompany this application.

Assistance Program (please check all that apply)	
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare
<input type="checkbox"/> AND (Aid to the Needy Disabled)	<input type="checkbox"/> Childcare Assistance
<input type="checkbox"/> TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/> SSI/SSDI (Supplemental Security Income/SS Disability Income)
<input type="checkbox"/> OAP (Old Age Pension)	<input type="checkbox"/> Self-sufficiency Program
<input type="checkbox"/> CCAP (Childcare Assistance Program)	<input type="checkbox"/> Foster Care
<input type="checkbox"/> CHP+ (Child Health Plan Plus)	<input type="checkbox"/> LEAP (Low-income Energy Assistance)
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Subsidized Housing
<input type="checkbox"/> Jeffco Free and Reduced Lunch Program	<input type="checkbox"/> Other (Please List Below)

Other circumstances for financial assistance consideration:

Please allow at least five business days for processing of the application. If you have any questions about the application or the reduced fee program, please call Julie Brooks at 303-384-8013 or email [jbrooks@cityofgolden.net](mailto:jbrooks@cityofgolden.net).

If the application for financial assistance is approved you will receive an approval letter via email if provided on this application or by mail if no email is provided, explaining the benefits for which you and your family are eligible.

Acknowledgement	
I understand that I may be accepted to receive financial assistance only after completing the application process and meeting the eligibility guidelines. Eligibility for this program is on an annual basis (August-May). Deliberate misrepresentation on this document may subject me to termination of further financial assistance.	
_____	_____
Applicant Signature	Date

- Did you remember to attach copies of?
- Verification of Assistance Programs, if applicable (i.e. Reduced lunch program letter)
- or:**
- Proof of Income IRS 1040

**Information will be shredded once application is processed**

For Office Use Only		
Reduction rate if approved: _____		Authorized by: _____
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Date: _____