



**Delaware City Schools Pacer SACC  
2024/2025 Tuition Discount Application**

74 West William Street  
Delaware, Ohio 43015  
740-833-1853

sacc@delawarecityschools.net

**Please complete this application and provide copies of three most recent pay stubs or other verification of income.**

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Are you (or any member of your family) receiving any service provided by the Delaware County Department of Job and Family Services?  Yes  No

**Please list all the people that live in your household, including the school age children. Please include gross monthly income from all sources for all members of the household.**

Name of person(s) living in household	Age	Earnings from all employment (before taxes) for <u>one</u> <u>month</u>	Monthly amount from Social Security, Pensions or retirements	Monthly amount from Unemployment, Work. Comp. or Strike Pay	Monthly amount from Job and Family Service, Child Support or Alimony	Monthly Income from any other source
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$

I understand that:

- This information given is for consideration of reduced tuition for a Delaware City Schools Pacer SACC Program.
- The Delaware City Schools reserves the right to regularly request updated information that may affect qualification for tuition discounts.

**I verify that all of the above information is true and correct and that all income is reported.**

**Please attach pictures or image of pay stubs and all other income sources:**

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Your children may qualify for reduced tuition rate of 25% discount if your household income falls at or below the limits on this chart. If you would like your application reviewed based on medical or circumstances, please submit a detailed explanation.

**Income Eligibility Guidelines For School Year 2024/2025**

Persons in family/household	Yearly	Monthly	Bi-Weekly	Weekly
1	\$30,120	\$2,510	\$1,158	\$579
2	\$40,880	\$3,406	\$1,572	\$786
3	\$51,640	\$4,303	\$1,986	\$993
4	\$62,400	\$5,200	\$2,400	\$1,200
5	\$73,160	\$6,097	\$2,813	\$1,407
6	\$83,920	\$6,993	\$3,228	\$1,614
7	\$94,680	\$7,890	\$3,642	\$1,820
8	\$105,440	\$8,787	\$4,055	\$2,028
<b>Each Additional Person</b>	\$10,760	\$897	\$414	\$207

**FAQ's**

**My application was approved last year, do I need to reapply?** Yes. Your application is only good through the end of each school year and/or summer session. If you do not send a new application for the new school year, you will be charged at full tuition rate.

**Does the discount apply to tuition for Summer SACC or All Day SACC?** The discount does apply to Summer SACC, but does NOT apply to All Day SACC days.

**Will the information I give be verified?** Yes. We also ask that with this application, you provide the prior three pay stubs for everyone living in the household.

**If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year or summer if income changes in the household.

**What if I disagree with Pacer SACC's decision about my application?** You can ask for a review or meeting to clarify any questions that you may have regarding the decision.

**What if my income is not always the same?** List the amount that you normally receive and your pay stubs will be reviewed that show the hours of overtime or shorter hours.

**What if a household member does not have income to report?** Household members that do not receive income you can mark with a zero in the box.

**If families need more assistance or help, are there other programs to apply for help?** Yes. Reach out to your local Job and Family Service agency to applying for other assistance services.

**If you have additional questions please call or email the Pacer SACC Office.**

**Office Use Only**

Total/Household: \_\_\_\_\_ Total Gross Monthly \$ \_\_\_\_\_ Monthly FPG \$ \_\_\_\_\_ Income Verification \_\_\_\_\_

Application Approved   
 Discount = 25%  
 Effective Dates: \_\_\_\_\_

Application Denied   
 Reason: \_\_\_\_\_  
 \_\_\_\_\_

Referral to ODJFS?  
 Yes   
 No

Reviewer Signature: \_\_\_\_\_ Date \_\_\_\_\_