Financial Assistance Application and Guidelines 2026-2027

****Fields in red must be completed. Incomplete applications will be denied.****

A limited amount of financial assistance is available. Extended Learning does not guarantee that all applicants will receive assistance. **Once all funds have been disbursed for the year, no additional assistance will be available.**

Overview

Fort Bend ISD Extended Learning attempts to assist as many families as possible with its financial assistance budget and to make sure the aid goes to families that demonstrate the most need. The budget is limited and is distributed on a first come, first served basis. The Fort Bend ISD Extended Learning Department is self- supporting. Its only source of income is the tuition and fees it collects. For this reason, the financial assistance budget must be strictly monitored each year and is limited.

Foster Children

Foster parents may submit documentation of placement from the state in lieu of personal financial documentation. Foster parents will qualify for a reduced rate regardless of status. The registration fee for foster children may be transferable if the child is withdrawn from the program and another foster child enrolls in the program within the same school year.

Deadlines

Complete applications and accompanying documentation must be received by the deadlines below:

Application Deadline	Decision Date	Start Date
August 11, 2026	August 21, 2026	September 1, 2026
September 4, 2026	September 18, 2026	October 1, 2026
November 20, 2026	December 11, 2026	January 6, 2027
January 8, 2027	January 22, 2027	February 1, 2027

Decisions

Applicants will be notified of assistance decisions according to the chart above. Due to the confidentiality of the information, this information is not given over the phone.

Appeals

There are no appeals; however, a second application will be accepted if documentation was missing or if circumstances have changed. The level of assistance granted may differ from previous years. Neither appeals nor second applications will be accepted to change the amount of assistance. If there was a change in circumstances from the first application, a second application will be accepted.

Application Instructions

Information will be reviewed periodically. Change in status, especially relating to lunch and parent/household information could result in a request for documentation and/or a cancelation of the award for financial assistance. Inform the Extended Learning Main Office at ELDfinancialaid@fortbendisd.gov and the school registrar of any changes to limit disruption of assistance.

If a parent or relative is available at home during our hours of operation, the application will be denied for aid.

1. Assistance applications will only be considered if each of the following is met:
    a. Filled out completely.
    b. Emailed as an attachment only to ELDfinancialaid@fortbendisd.gov
    c. Received by the deadline
    d. Application and supporting documents must be submitted in PDF format, pictures/images will not be accepted
    e. AND accompanied by the following documentation:
        i. Two most current, consecutive payroll check copies OR a salary verification letter on employer letter head, signed by an authorized party (from both parents, if applicable) for all working adults in the household. Payroll information must be dated no more than two weeks prior to application date.
        ii. Documentation showing amount received for any of the following: welfare payments, child support, alimony, unemployment, pension, retirement, food stamps, and social security (i.e. bank statement, SSI letter, etc.).
        iii. Copy of properly filed I.R.S. 1040 or 1040A U.S. Individual Income Tax Return from the most recent tax year filed.
        iv. If parent is a full-time student or in a job training program, a current schedule from school or program must be attached showing the course hours. Online courses do not qualify.

2. **NOTE: Applications which do not include all required supporting materials will be denied without appeal. Applicants are welcome to submit a new application before the next application deadline.**

3. **Applications which do not include any income information will be denied without appeal. All sources of household income, including child support, welfare payments, unemployment, pension should be reported.**

4. **Information on the application will be verified and must match school records.**

5. Application and supporting documents may be emailed to ELDfinancialaid@fortbendisd.gov. This email is not monitored daily, please be sure all supporting documents are submitted with your application to avoid denial.

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EXTENDED LEARNING

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This application must be filled in completely and accompanied by the required supporting documentation.

Campus: _____ **For Tuition Date:** Choose One

Part 1 – Children in School

List all of your children in school. Place a ✓ in front of the student name(s) for whom you are requesting aid.

✓	Student(s) First and Last Names	Grade	Age	Student ID Number	Program
☐					○ Little Learners ○ Extended Day
☐					○ Little Learners ○ Extended Day
☐					○ Little Learners ○ Extended Day
☐					○ Little Learners ○ Extended Day
☐					○ Little Learners ○ Extended Day

Part 2 – Household Members and Gross Income from Last Month

List ***everyone*** in the household (adults and children).

	First & Last Names	Employer & Occupation	Earnings from Work Before Deductions (Gross Income)	Welfare Payments, Child Support, Alimony	Unemployment, Pension, Retirement, Social Security	Check if No Income
Guardian			$ How Often?	$ How Often?	$ How Often?	☐
Student			$ How Often?	$ How Often?	$ How Often?	☐
All Other Household Members			$ How Often?	$ How Often?	$ How Often?	☐
			$ How Often?	$ How Often?	$ How Often?	☐
			$ How Often?	$ How Often?	$ How Often?	☐
			$ How Often?	$ How Often?	$ How Often?	☐

Part 3 – Other Considerations

Does your child qualify for either of the following: ◯ Reduced Lunch ◯ Free Lunch

Marital Status: ◯ Married ◯ Re-Married ◯ Separated ◯ Divorced ◯ Single ◯ Widowed

Is an adult at home during the hours of 3:25 – 6:30 pm? ◯ Yes ◯ No

Did you have a child enrolled in an Extended Learning Program during the 2025-26 school year? ◉ Yes ◯ No

If yes, did your child(ren) receive financial assistance for the 2025-26 school year? If yes, what was the amount of your monthly tuition? $_____ ◯ Yes ◯ No

Did you claim all listed children as dependents on your tax return? ◯ Yes ◯ No

If no, please explain:

Part 4 – Parent/Guardian Information

Legal Guardian 1:	
Email:	
Primary Phone: ◯ Home ◯ Cell ◯ Work	Secondary Phone: ◯ Home ◯ Cell ◯ Work
Home Address:	Apt:
City:	Zip:

Legal Guardian 2 (if applicable):	
Email:	
Primary Phone: ◯ Home ◯ Cell ◯ Work	Secondary Phone: ◯ Home ◯ Cell ◯ Work
Home Address:	Apt:
City:	Zip:

Please list any other relevant information in the space below:

Part 4 – Terms and Acknowledgement

Initial the Terms and Acknowledgements

Initials

☐ **Acceptance:** Applicants must return the completed agreement to the Extended Learning Main Office and enroll in the program within 10 business days from the date issued or the financial assistance will be forfeited.

☐ **Effective Dates:** Awards will be effective through the last days of the school year in which they are granted. Families must reapply each year. Awards are terminated if the student is withdrawn from an Extended Learning program. Applicants are welcome to submit a new application package before the next deadline, but assistance is not guaranteed.

☐ **Enrollment:** Award recipients are still subject to applicable waiting lists. A reduced tuition does not constitute entry into Extended Learning. Applications for schools with waiting lists may not be processed until there is availability.

☐ **Other Fees:** All other program fees are still applicable to financial assistance recipients, including registration, late pickup, and late payment.

☐ Eligibility will be re-evaluated at least annually, prior to the start of the school year, or more frequently if family circumstances change.

☐ **Accounts must be kept current.** Failure to pay your adjusted tuition in full each month will result in forfeiture of your financial assistance and termination from the program.

☐ I understand I may be required to submit documentation confirming statements on this application to keep my award.

☐ I agree to inform the FBISD Extended Learning Department immediately of any change to my income or family size.

☐ I understand that any false information or failure to report changes could jeopardize my financial assistance.

☐ I understand this application may be declined if it is incomplete, unaccompanied by required supporting documents, or submitted late.

☐ I understand that financial assistance award information is not given out by phone.

Name of parent or legal guardian on record at school — Date

By typing my name and submitting this application, I acknowledge that I have read and understood the financial aid guidelines and agree to adhere to them. I acknowledge all of the information on this Financial Assistance Application is correct and true to the best of my knowledge and agree to notify staff members in writing of any changes.

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