



Responding to Autism Center

Social Skills Class Scholarship Qualification Levels

Based on 2011 Poverty Guidelines

Family Size	Annual Income Less Than or Equal to 150% FPL	Annual Income Greater than 175% but less than 200% FPL	Annual Income Greater than 225% but less than 250% FPL
1	\$16,335	\$ 16,335.01 - \$ 21,780.00	\$21,780.01 - \$27,225.00
2	\$22,065	\$ 22,065.01 - \$ 29,420.00	\$29,420.01 - \$36,775.00
3	\$27,795	\$ 27,795.01 - \$ 37,060.00	\$37,060.01 - \$46,325.00
4	\$33,525	\$ 33,525.01 - \$ 44,700.00	\$44,700.01 - \$55,875.00
5	\$39,255	\$ 39,255.01 - \$ 52,340.00	\$52,340.01 - \$65,425.00
6	\$44,985	\$ 44,985.01 - \$ 59,980.00	\$59,980.01 - \$74,975.00
7	\$50,715	\$ 50,715.01 - \$ 67,620.00	\$67,620.01 - \$84,525.00
8	\$56,445	\$ 56,445.01 - \$ 75,260.00	\$75,260.00 - \$94,075.00
	100% Scholarship per \$0 per session	66% Scholarship \$16 per session	33% Scholarship \$33 per session

Sessions are two 1.5 hour sessions a week for 6 weeks

If families do not fall within the above income guidelines, then the regular price applies, \$50.00 a session.

I _____ parent/guardian of _____, certify that I meet the Federal Register's 2011 Low Income Guidelines. The number in my household is _____ and my annual household income is \$_____.

I have provided copies of my households 2 most recent pay stubs for verification of income purposes. I certify that the information I have provided is true to the best of my knowledge.

Parent/Guardian Signature

Date