

January 2010

Dear Parent/Guardian:

Information on applying for the Milwaukee Parental Choice Program at Pius XI High School for the 2010-2011 school year is enclosed. **Please read this letter carefully before you start filling out the application form.**

CHOICE PROGRAM ELIGIBILITY REQUIREMENTS

1. Student must reside in the City of Milwaukee.
2. The family's annual household income can not exceed 175% of the Federal poverty level for new Choice students or 220% of the Federal poverty level for continuing Choice students. The income limits are listed on the Choice application.
3. All students, both new and returning, must submit an application along with documentation that proves their eligibility during the **March 1-20, 2010** open application period.

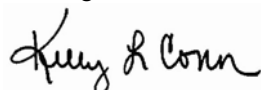
APPLICATION INSTRUCTIONS

1. Be sure to print clearly in **black or blue ink**. If you make a mistake, draw one line through the error, enter the correct information and write your initials next to the correction. **DO NOT USE WHITE OUT ANYWHERE ON THE APPLICATION FORM.**
2. Carefully read and answer questions 1 and 2. Based on your answers to questions 1 and 2, you will answer either question 3a or question 3b – not both.
 - If you answered "No" to both questions 1 and 2, complete question 3a by checking the box next to the number of people residing in your household and the "Yes" box on the same line. Leave question 3b blank.
 - If you answered "Yes" to either question 1 or 2 (or both), leave question 3a blank and complete question 3b by checking the box next to the number of people residing in your household and the "Yes" box on the same line.
3. Sign and date the form (Note: the signature at the bottom of the form must match the Parent/Guardian name in the top section).
4. Attach a copy of your 2009 Federal income tax return to prove you meet the eligibility requirements. Applicants who are not required to file a federal income tax return must provide one of the following:
 - A Supplemental Security Income (Social Security) benefit statement for each household member receiving SSI;
 - An Aid to Families with Dependent Children (AFDC) statement or Milwaukee County Human Services monthly benefit letter;
 - An unemployment compensation letter along with the applicant's last paycheck stub;
 - WISACWIS Provider Payment statement of foster child or kinship care services.
5. Drop your application off in person during normal school hours or mail it to; Pius XI High School, 135 N 76 St, Milwaukee, WI 53213. **We can not accept faxed applications.**

IMPORTANT NOTE: *Applications must be received by 4 p.m. on March 20, 2010.*
LATE APPLICATIONS CANNOT BE ACCEPTED UNDER ANY CIRCUMSTANCES.

In the event we receive more applications than we have space available, a random selection drawing will be held the week following March 20, 2010 to determine which students will be able to participate in the program. Those not selected will be placed on a waiting list. You will receive a letter notifying you of your child's Choice status by April 1. Please contact me if you have any questions.

Best regards,



Kelly Conn
Financial Aid Coordinator
(414) 290-8135
kconn@piusxi.org



School Applying To <i>No Abbreviations</i>				Grade Level For School Year 2010-2011	
Student's Last Name		First Name		M.I.	Date Of Birth <i>Month/Day/Yr.</i>
Student's Home Street Address		City	State	ZIP	Telephone <i>Area/No.</i>
Parent/Guardian Last Name		First Name		M.I.	School Attended During 2009-2010 School Year

STUDENT ELIGIBILITY

Please answer the following three (3) questions to determine the student's eligibility for the Milwaukee Parental Choice Program (MPCP) in the 2010-2011 school year.

- Yes No **1.** Did your child participate in the MPCP during the 2009-2010 school year?
- Yes No **2.** Does your child have a sibling that participated in the MPCP during the 2009-2010 school year? Sibling means a brother or sister who shares at least one parent by birth or adoption or by his or her parents' current marriage. If you answered "Yes" to question 2, complete the following sibling information. *List only one sibling.*

Sibling Name	Sibling Date of Birth <i>Mo./Day/Yr.</i>	School Sibling Attended During 2009-2010
--------------	--	--

**New MPCP Students Only
(175% of Federal Poverty Level)**

3a. If you answered **No** to **both** questions 1 and 2, check the box that corresponds with your household size. Then, check "Yes" if your yearly income level is at or below the amount listed for your household size or "No" if your income is higher than the amount listed. If you answer 3a, do **not** answer 3b.

Household Size	Maximum Yearly Income	Yes	No
1	<input type="checkbox"/> Is your yearly income at or below \$ 19,464?	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/> Is your yearly income at or below \$ 26,186?	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/> Is your yearly income at or below \$ 32,908?	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/> Is your yearly income at or below \$ 39,630?	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/> Is your yearly income at or below \$ 46,352?	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/> Is your yearly income at or below \$ 53,074?	<input type="checkbox"/>	<input type="checkbox"/>
__	<input type="checkbox"/> Is your yearly income at or below \$ _____?	<input type="checkbox"/>	<input type="checkbox"/>

For each additional household member above 6, add \$6,722 to the \$53,074 to determine the maximum yearly income. List household size and maximum income on the above blank lines.

Household Size includes any parents, grandparents, children, other relatives and unrelated people who live in your household. Foster children are counted as a household of one (1) and only the foster child's income is counted.

Maximum Yearly Income is based on your Adjusted Gross Income (AGI) on the federal income tax return (line 37 of Form 1040, line 21 of Form 1040A, or line 4 of Form 1040EZ) for the prior calendar year (2009 for the 2010-11 choice program.) You must provide the school with a federal income tax return for the prior year if filed. If you did not file a 2009 tax return, you must provide the school with 2009 income documentation. You may also provide evidence of expected income for the current calendar year that makes you eligible.

**Continuing MPCP Students and their Siblings Only
(220% of Federal Poverty Level)**

3b. If you answered **Yes** to **either** question 1 or 2, check the box that corresponds with your household size. Then, check "yes" if your yearly income level is at or below the amount listed for your household size or "No" if your income is higher than the amount listed. If you answer 3b, do **not** answer 3a.

Household Size	Maximum Yearly Income	Yes	No
1	<input type="checkbox"/> Is your yearly income at or below \$ 24,468?	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/> Is your yearly income at or below \$ 32,918?	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/> Is your yearly income at or below \$ 41,368?	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/> Is your yearly income at or below \$ 49,818?	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/> Is your yearly income at or below \$ 58,268?	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/> Is your yearly income at or below \$ 66,718?	<input type="checkbox"/>	<input type="checkbox"/>
__	<input type="checkbox"/> Is your yearly income at or below \$ _____?	<input type="checkbox"/>	<input type="checkbox"/>

For each additional household member above 6, add \$8,450 to the \$66,718 to determine the maximum yearly income. List household size and maximum income on the above blank lines.

PARENT or GUARDIAN SIGNATURE

For Use of Parent or Guardian: I as the parent or guardian certify that all of the above information is true and correct. I understand that any of the information on this application, including income and residency documentation, may be subject to further review and verification by school and/or state officials.

Signature of Parent or Guardian <i>Must be the same name as listed above.</i>	Date Signed <i>Mo./Day/Yr.</i>
---	--------------------------------

For Use of School: I, as the administrator responsible for pupil admissions, have reviewed the student application and have concluded that it is properly and completely filled out to the best of my knowledge. I attest that documents verifying income and residency are on file at the school.	Based on the information provided by the parent or guardian, the student is eligible. <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Name of School Administrator or Designee <i>Print or Type</i>	Date Application Received <i>Mo./Day/Year</i>
---	---

School Administrator or Designee Signature	Date Signed
--	-------------