

2026-2027 APPLICATION FOR IMSA STUDENT/SCHOOL FEE REDUCTION INSTRUCTIONS

Illinois Students who want to apply for a reduction in their student/school fee for the 2026-2027 school year please **return a fully completed application and all supporting documentation to IMSA's Business Office on or before July 15, 2026.** Approved fee reductions on applications received on or before July 15 will be applied to the entire school year. Approved fee reductions on applications received after July 15 may not apply to the entire school year, but will be prorated monthly based on when the application processing is completed.

Along with the completely filled out Student/School Fee Reduction Application, you must attach documentation in support of your household's income. If sufficient documentation is not attached to your application, it will be considered incomplete and returned to you for completion.

- If you, as the parent and or guardian, receive food stamps or TANF for your child or ward, you **must attach** verification from the Illinois Department of Children and Family Services that shows your household is receiving food stamps or TANF. The SNAP and TANF documents must show coverage to July 1, 2026 or later to be eligible for the 2026-2027 school year.
- If you, as the parent and or guardian, do not receive food stamps or TANF, you will have to attach documents (for example, pay stubs) that verify your household's "current" gross monthly income, which is defined as the income earned either in the month the application is submitted or in the prior month. Typically, proof of income is one of the following items.
 1. Copies of the two most current pay stubs for each household member.
 2. Copies of most current W-2(s) for each household member.
 3. Copy of most current tax return.
 4. Copy of unemployment letter, etc...

The Business Office will process your completed Student/School Fee Reduction Application as quickly as possible and notify you of the application determination, so that you can appropriately adjust and submit your fee payment, which is due on or before August 1, 2026. IMSA will not utilize or disclose personal information received from this form or any attached documentation, except to determine a student's fee reduction, in accordance with Federal and State laws and regulations.

If you have any questions, please call the Business Office at (630) 907-5031 between the hours of 8:00 a.m. and 4:00 p.m., weekdays.

Our mailing address is: Illinois Mathematics and Science Academy
Attn: Business Office
1500 Sullivan Road
Aurora, Illinois 60506-1000

Business Office Fax Number: 630-907-5030

SCHOOL USE ONLY
<input type="checkbox"/> Check if Error Prone Application

1. All Household Members (Attach another sheet of paper if necessary.)

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/ TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income.										Check if Foster Child*				

* A foster child is the legal responsibility of a welfare agency or court.

2. Homeless, Migrant, Runaway, (Categorically eligible)

Homeless Migrant Runaway

Signature of Your School Homeless Liaison, Migrant Coordinator: _____ Date: _____

3. Total Household Gross Income (before deductions) You must tell us how much and how often.

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the *I do not have a social security number* box. X X X - X X - Social Security Number I do not have a social security number.

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

_____ Date _____ Printed Name of Adult Household Member _____ Signature of Adult Household Member

5. Contact Information (Optional)

_____ Work Telephone Number (Include Area Code) _____ Home Telephone Number (Include Area Code) _____ Home Address (Number, Street, City, State, ZIP Code)

6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity: Mark one or more racial identities:

Hispanic/Latino Asian Black or African American Native Hawaiian or Other Pacific Islander

Not Hispanic/Latino White American Indian or Alaska Native

- THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY -

INITIAL DETERMINATION

TOTAL INCOME \$ _____ Per: Week Every 2 Weeks Twice a Month Month Year NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____ Date: _____

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.
Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

Free based on:

- homeless
- migrant
- runaway
- Head Start

Reduced based on:

- SNAP or TANF
- foster child
- household's income

Denied—Reason:

- household's income
- income too high
- incomplete application
- Non-qualifying SNAP/TANF

Date Withdrawn: _____
Signature of Determining Official: _____ Date: _____

INSTRUCTIONS FOR FILLING OUT APPLICATION- COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

Part 1: List all household members, school and grade for each student, and a SNAP or TANF case number

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. (The last four digits of the social security number are not necessary.)

Part 5 & 6: Contact information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS, AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

Part 1: List all household members and the name of the school for each child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Complete only if a child in your household isn't eligible under Part 2. See instructions for all other households.

Part 4: Sign the form. Only if Part 3 is completed, please include the last four digits of a Social Security Number. (Or mark the box if s/he doesn't have one.)

Part 5 & 6: Contact information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

If all Children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all foster children and the school's name for each child. Check the "Foster Child" box for each foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. (The last four digits of the social security number are not necessary.)

Part 5 & 6: Contact information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

If some of the Children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all household members and the name of the school for each child. Check the "Foster Child" box for each foster child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report the total household income from this month or last month.

- **Box A-Names:** List all household members with income.
- **Boxes B, C, D, E- Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received-weekly, every other week, twice a month or monthly. For earnings (box B), be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income (boxes C, D, E) list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income (box E), list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income SNAP, FDIPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under "Earnings From Work", report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their social security number (or mark the box if s/he doesn't have one).

Part 5 & 6: Contact information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

ALL OTHER HOUSEHOLDS INCLUDING MEDICAID AND WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of the school for each child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report the total household income from this month or last month.

- **Box A-Names:** List all household members with income.
- **Boxes B, C, D, E- Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received-weekly, every other week, twice a month or monthly. For earnings (box B), be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income (boxes C, D, E) list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income (box E), list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income SNAP, FDIPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under "Earnings From Work", report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their social security number (or mark the box if s/he doesn't have one).

Part 5 & 6: Contact information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

Dear Parent/Guardian:

We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to:

Illinois Mathematics and Science Academy
Attn: Business Office
1500 Sullivan Rd.
Aurora, IL 60506

Your children may qualify for reduced Student/School fee if your household income falls at or below the limits on this chart.

Reduced-Price Meals (IMSA waiver/tier-2) 185% Federal Poverty Guideline					Household Size	Free Meals (IMSA waiver/tier-1) 130% Federal Poverty Guideline				
Annual	Monthly	Twice per month	Every Two Weeks	Weekly		Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
29,526	2,461	1,231	1,136	568	1	20,748	1,729	865	798	399
40,034	3,337	1,669	1,540	770	2	28,132	2,345	1,173	1,082	541
50,542	4,2129	2,106	1,944	972	3	35,516	2,960	1,480	1,366	683
61,050	5,088	2,544	2,349	1,175	4	42,900	3,575	1,788	1,650	825
71,558	5,964	2,982	2,753	1,377	5	50,284	4,191	2,096	1,934	967
82,066	6,839	3,420	3,157	1,579	6	57,668	4,806	2,403	2,218	1,109
92,574	7,715	3,858	3,561	1,781	7	65,052	5,421	2,711	2,502	1,251
103,082	8,591	4,296	3,965	1,983	8	72,436	6,037	3,019	2,786	1,393
10,508	876	438	405	203	Each additional Family member	7,384	616	308	284	142

Income is defined as any monies earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) monetary compensation for services including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement or pensions or veteran payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD WHO ATTENDS IMSA?** No. Complete the application to apply for a reduction in your child's Student Fee. Use one "Application for Free Milk/Meal and Reduced-Price Meals" for all students in your household who attend IMSA. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to IMSA. Along with the Application, you must attach documentation in support of your household's income. If sufficient documentation is not attached to your application, it will be considered incomplete and returned to you for completion.
- I DON'T QUALIFY FOR THE FEDERAL GUIDELINES. IS IT WORTH SUBMITTING AN APPLICATION?** YES. You may not qualify for the federal government guidelines, but IMSA does offer additional Student/School Fee reductions based on total household income.
- A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECIEVES A REDUCTION IN STUDENT FEES?** Yes. If you receive food stamps or TANF for your child, along with the completed "Application for Free Milk/Meal and Reduced-Price Meals", you have to attach verification from the Illinois Department of Children and Family Services that shows your household is receiving food stamps or TANF.
- MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year. You must send in a new application along with proof of income each school year.
- WILL THE INFORMATION I GIVE BE CHECKED?** Yes. Proof of Income, SNAP, and or TANF benefits needs to be provided with the application.
- IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for a reduction in their Student Fee if the household income drops below the income eligibility limit.
- WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling or writing to the person listed above.
- MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes.
- WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
- WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for SNAP, TANF or other assistance benefits, contact your local Department of Human Services office or call (800) 843-6154 (voice) or (800) 447-6404 (TTY).