

Love. Learn. Success. PAYMENT AUTHORIZATION FORM - WCMS



Please mail this form to: 211 Ebbetts Pass Road, Vallejo, CA 94589

Sign and complete this form to authorize *Love. Learn. Success.* to make recurring debits to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for transactions listed below only, and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize *Love. Learn. Success.* to charge my credit card
(Parent Name)

account indicated below. These payments are for participation in the West County Mandarin School Expanded Learning Program for the 2019-2020 school year.

Student Name(s)/Grades: _____

PROGRAM FEES: (Note: A \$2/month service is included in monthly payments) *

Monthly Payments: Payments will be process on the 1st of each month beginning 9/1/2019 and ending on 6/1/2020

Quarterly Payments: Will be process on the following dates: 9/1/2019, 11/1/2019, 2/1/2020, 5/1/2020

FULL RATE		REDUCED RATE	
Full Time: \$4500	Part Time: \$2,700	Full Time: \$2,700	Part Time: \$1,620
_____ \$452 Debited Monthly*	_____ \$272 Debited Monthly*	_____ \$272 Debited Monthly*	_____ \$164 Debited Monthly*
_____ \$1125 Debited Quarterly	_____ \$675 Debited Quarterly	_____ \$675 Debited Quarterly	_____ \$405 Debited Quarterly
SCHOLARSHIP		BEFORE SCHOOL CARE (7:30AM-8:30AM)	
Full Time: \$600		Full Time: \$1800	
_____ Full Time \$62 Debited Monthly*		_____ Full Time \$182 Debited Monthly*	
_____ Full Time \$150 Debited Quarterly		_____ Full Time \$450 Debited Quarterly	

PAYMENT INFORMATION

Account Type: Visa MasterCard

Cardholder Name _____

Account Number _____

Expiration Date _____ CVV2 (3-digit number on back of Visa/MC) _____

Billing Address _____

City, State, Zip _____

Phone# _____ Email _____

Authorization Signature

SIGNATURE _____ DATE _____

I authorize Love. Learn. Success. to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Love. Learn. Success. SCHOLARSHIP APPLICATION - WCMS



This fee waiver application is available to all qualifying students wishing to participate in the 2019-2020. Only students who meet household income criteria will be eligible to receive a scholarship for participation: WCCUSD Free/Reduced Lunch Status. Please complete the following fee waiver application for participation in the 2019-2020 West County Mandarin Expanded Learning Program.

CONTACT INFORMATION

Student Name: _____
First
Middle
Last
18-19 Grade

Parent/Guardian Name: _____
First
Middle
Last

Parent/Guardian Name: _____
First
Middle
Last

_____ Street _____ City _____ Zip Code

Cell Phone Number _____ Home/Work Phone Number _____

Email Address: _____

SCHOLARSHIP ELIGIBILITY:

In order to qualify for a Scholarship, a student must be eligible for WCCUSD free/reduced lunch

Scholarship Type (Please use Eligibility Scales below to determine): Reduced Scholarship

Household Size (Parent(s)/Guardian(s), dependents): _____

Documentation (Please attach documentation to this application for each parent):

Required: WCCUSD Letter from Nutrition Services Only one Required*: Pay Stub W-2

**Additional documentation may be requested to confirm eligibility*

LLS REDUCED RATE - ELIGIBILITY SCALES

FREE Lunch RATE – Household income must fall below the limits on this chart

Total Household Size	Annually	Monthly	Twice per Month	Every 2 Weeks	Weekly
1	\$ 22,459	\$ 1,872	\$ 936	\$ 864	\$ 432
2	\$ 30,451	\$ 2,538	\$ 1,269	\$ 1,172	\$ 586
3	\$ 38,443	\$ 3,204	\$ 1,602	\$ 1,479	\$ 740
4	\$ 46,435	\$ 3,870	\$ 1,935	\$ 1,786	\$ 893
5	\$ 54,427	\$ 4,536	\$ 2,268	\$ 2,094	\$ 1,047
6	\$ 62,419	\$ 5,202	\$ 2,601	\$ 2,401	\$ 1,201
7	\$ 70,411	\$ 5,868	\$ 2,934	\$ 2,709	\$ 1,355
8	\$ 78,403	\$ 6,534	\$ 3,267	\$ 3,016	\$ 1,508
Each add'l person	\$ 7,992	\$ 666	\$ 333	\$ 308	\$ 154

Authorization Signature

SIGNATURE _____ DATE _____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT I AM THE LEGAL PARENT/GUARDIAN OF THE ABOVE LISTED MINOR/CHILD.

By signing below, I confirm the listed information submitted for the fee waiver application to be true to the best of my knowledge. I understand that there are a limited number of scholarships available to West County Mandarin School Students and that scholarships are not guaranteed. I further certify under penalty of perjury that all the information provided on this application is true and correct.

