

Announcement: Grant program for AP/IB exam fees

**ESCAPE:
Eliminating Student Cost for Advanced
Placement Exams**

for

**Advanced Placement and
International Baccalaureate Exams**

2010 – 2011 Informational Packet

**Federal Grant
CDFA Number 84-33B
Advanced Placement Exam Fee Program**

This Informational Packet and high school application forms are available at
<http://www.cde.state.co.us/gt/grants.htm>

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Due Dates

Intent to Apply (IB and AP) – February 25, 2011

IB Coordinator’s Checklist and information forms – April 29, 2011

AP Coordinator Checklist and copy of College Board invoice – June 10, 2011

The ESCAPE Informational Packet and the high school coordinator’s application forms are also available on the Colorado Department of Education webpage: <http://www.cde.state.co.us/gt/grants.htm>

M E M O

TO: Superintendents
High School Principals
Advanced Placement Coordinators
International Baccalaureate Program Coordinators
Counselors

FROM: Jacquelin Medina
Gifted Education Unit, Student Support Services

RE: Advanced Placement and International Baccalaureate Exam Fee Grant

GRANT INFORMATION

High schools are invited to participate in the *ESCAPE: Eliminating Student Cost for Advanced Placement Exams* federal grant program sponsored through the Colorado Department of Education. *ESCAPE:*

- * endorses the Colorado Department of Education's commitment to high standards, challenging assessments and rigorous accountability measures for "ALL" students,
- * removes the barrier of test fees, and,
- * supports the State Board of Education's mission for equal access to educational opportunities in safe learning environments, and goals to impact the number of low-income students prepared for and taking advanced coursework.

ESCAPE provides the Colorado Department of Education with funds to pay Advanced Placement (AP) fees and reimburse International Baccalaureate (IB) fees for low income students. To benefit from the program, high school AP and IB coordinators must submit the intent to apply form (February 25, 2011) and assurance pages according to due dates in the packet. Additionally, for AP exams the eligible student's answer sheet must have the fee reduction bubble filled in appropriately.

No AP exam fee is charged to the low-income student. (For eligible students: College Board reduces the \$87 AP exam fee by \$22. CDE pays \$57 per AP exam. High schools waive the \$8 processing fee.) Payment for each exam taken by eligible students is a direct billing procedure between CDE and College Board. The high school will deduct the cost of these exams from the total invoice due to College Board.

CDE will pay IB exam fees at \$96 per exam including the fee for the testing session as funds are available. For IB eligible students the district/high school will be reimbursed for the cost of IB exams taken by low-income students. The high school or district will initially pay IB exam fees with the intent of reimbursement for low income student exams through the ESCAPE grant.

Note: Payment for AP exams and reimbursement for IB exams are contingent upon the filing of appropriate ESCAPE forms with the Colorado Department of Education by the due date.

Information in this grant packet includes:

- * Memo to superintendent, high school principal, AP and IB coordinators, and Counselors
- * An abstract of the ESCAPE grant
- * Procedures, time line and forms for AP coordinators
- * Procedures, time line and forms for IB coordinators
- * Forms as needed for parental or district disclosure of free and reduced lunch eligibility

The ESCAPE Informational Packet and the high school coordinator's application forms are also available on the Colorado Department of Education webpage: <http://www.cde.state.co.us/gt/index.htm>.

ESCAPE - Eliminate Student Costs for Advanced Placement Exams

ESCAPE is an Advanced Placement Test Fee Program that aims to remove the barrier of cost for low-income students who are enrolled in Advanced Placement (AP) courses and who desire to take the AP exams. The threshold of this project lies in data that reports few low-income students in Advanced Placement courses and even fewer who take the AP exam.

Support for *ESCAPE* is based on strong state leadership mainly demonstrated in several important state commitments:

- 1) The Colorado Department of Education's mission is to increase achievement levels of all students. *ESCAPE* supports the interlocking elements outlined by the Department for academic success: high standards, challenging assessment, and rigorous accountability.
- 2) The Colorado initiative called REACH-Out, Results in Education for Advanced Children focuses on low-income students and other underrepresented student groups who are not accessing high-end learning opportunities or who drop out of school prior to graduation. REACH-Out intends to seek grants that would facilitate the focus, especially the JAVITS grant for gifted students. One aim of REACH-Out is to increase the number of low-income students in advanced coursework.
- 3) Personnel support from the Exceptional Student Leadership -Gifted Education Unit, will oversee the Advanced Placement Test Fee program.

Outcomes for *ESCAPE* are specific to the purposes of the grant:

- ✚ AP exam fee waivers for every low-income student with the intent to take AP exams
- ✚ Development of statewide dissemination procedures so that all AP Coordinators and high school principals are well-informed about the AP Test Fee Program
- ✚ Implementation of a system for data collection that combines a systemic statewide electronic data collection process and College Board data.
- ✚ Growth in the number of low-income students who take Advanced Placement exams and who receive scores of 3-5 for which college credit may be awarded.

✚ Specifically, objectives include:

- 100% dissemination of fee waiver information to every high school Advanced Placement and International Baccalaureate Coordinator and high school principal in the state.
- 100% participation of districts in the end-of-the year state reports where districts indicate the number of AP courses offered, enrollment in courses, and other student information.
- 20% increase in the number of low-income students taking AP exams/year
- 20% increase in the percentage of low-income students with 3-5 scores.

The Western Institute and Consortium in Higher Education (WICHE) and the Colorado Department of Education initially collaborated on a three-year grant project associated with the Advanced Placement Test Fee Program. Currently, CDE extends the success of the former partnership through a self-directed Colorado program called *ESCAPE* with the intent to support AP initiatives in the state, and promote high standards for low-income students in English, math, science, and other core areas. CDE applies on an annual basis for *ESCAPE* funds based upon the time line and criteria set by the United States Department of Education.

Carol Crossley
ESCAPE Coordinator
719.821.5980
carol.crossley2@gmail.com

Jacquelin Medina
ESCAPE Director
medina_j@cde.state.co.us

PART ONE

Information and Forms

for

Advanced Placement Coordinators

Advanced Placement (AP) Coordinator

Procedures for participation in the ESCAPE program

1. Submit the *Intent to Participate* form by **February 25, 2011** to the Gifted Education Unit at the Colorado Department of Education via fax 303.866.6767 or U.S. mail (Gifted Education Unit, Colorado Department of Education, 1560 Broadway Avenue, Suite 1175, Room F, Denver, Colorado, 80202-5149.).
2. The Intent to Participate is an estimation of the number of low-income students and the number of exams that will be charged for the 2011 AP Exam period.
3. Determine who are eligible for ESCAPE benefits based upon the low-income 2010-2011 criteria or income chart found at the end of the Informational Packet. It is recommended that parents of all AP students be notified about the availability of the ESCAPE grant benefits; so that, a parent whose student is not in the free and reduced lunch program, but who qualifies for free and reduced lunch, may apply for the benefit of the AP/IB exam fee program.

Use forms in the grant packet for parental disclosure of eligibility or district release of free and reduced lunch or Medicaid information. ESCAPE is a federal program with direct benefit to the low-income student and data will be used only for this federal exam fee program.

1. Retain proof of eligibility documents in the high school files for three years beyond the particular exam year. Do not send student names or eligibility documents to the Colorado Department of Education.
2. When the eligible student takes the AP exam, **fill-in the bubble for fee reduction on the student's exam sheet.** Mark the fee reduction bubble for each exam that the eligible student takes. This procedure is critical for College Board to accurately invoice the Colorado Department of Education.
3. After the AP exams are completed, submit by **June 10, 2011** to the Colorado Department of Education via fax or U.S. mail, the following two forms from the Informational Packet or the CDE web page:

- * *The AP Coordinators Checklist and Eligibility Assurance*

- * A copy of the *summary/invoice sheet* that was e-mailed to the College Board showing the number of exams claimed by the high school as fee reduction exams.

Note: The documents in italics must be on file at the Colorado Department of Education to receive benefit from the Exam Fee Program.

If you have questions or comments, please feel free to contact Carol Crossley, the ESCAPE Coordinator at 719.275.1027 or carol.crossley2@gmail.com

The ESCAPE Informational Packet and the high school coordinator's application forms are also available on the Colorado Department of Education webpage: <http://www.cde.state.co.us/gt/index.htm>.

Checklist for AP Coordinators and Eligibility Assurance Form

For participating high schools only: Mail this page and a copy of the summary invoice e-mailed to College Board to the Colorado Department of Education by **June 10, 2011**.

Eligibility

Low-income student means a student who qualifies for payments as demonstrated in meeting the criteria set by one of the following entities: free and reduced lunch program or chapter 1 of subpart 2 of part A of title IV of the Higher Education Act of 1965 (Medicaid).

Checklist for AP Coordinators:

When ensuring eligibility of students for the exam fee program complete the following steps, sign and return the checklist with a copy of the summary invoice e-mailed to College Board that shows the number of fee reduced, low-income, exams for which the school paid.

- A method for identifying low-income AP exam students was implemented. If disclosure information was needed from parents for free and reduced lunch data, one or more of the forms provided in the ESCAPE packet for release of information was used: Form #1) A Parent/Guardian Information Release to the district, Form #2) an Alternative Program Eligibility Application provided by the parents, or Form #3) Disclosure Agreement - the district's choice to use a provision of limited disclosure of the Children's Free and Reduce Price.
- AP students and parents were provided information about the Advanced Placement Test Fee Program. Form # 1 or #2, was provided to collect evidence for 1) parental release of information, or 2) eligibility criteria if the family is not already participating in the free and reduced lunch program and wish to access the test fee waiver. Students must be eligible, not necessarily participating in the Free and Reduced Lunch Program.
- Eligibility documents will be retained in the Advanced Placement high school files through 2014.
- The fee reduction bubble was filled-in on the eligible student's answer sheet/s. Only eligible students have access to the benefits of the ESCAPE grant. AP exam fees were not collected from eligible low-income students.
- The College Board's AP Exam Invoice Sheet was completed online indicating the number of fee reduced exams taken by low-income students. .
- Mail this AP Coordinator's Checklist page and a copy of the Summary/Invoice sheet e-mailed to the College Board by June 10, 2011** to Jacquelin Medina, Gifted Education Unit, Colorado Department of Education, 1560 Broadway Avenue, Suite 1175, Room F, Denver, Colorado, 80202-5149.

Signature of Person Completing the Checklist for AP Coordinators and Eligibility Assurance Form

Date: _____

Name: _____ Signature: _____ - _____

High School: _____ District: _____ - _____

Phone Number; _____ E-Mail: _____

PART TWO

Information and Forms

for

International Baccalaureate Coordinators

International Baccalaureate (IB) Coordinator

Procedures for participation in the ESCAPE program

1. Submit the *Intent to Participate* form by **February 25, 2011** to the Gifted Education Unit at the Colorado Department of Education via fax 303.866.6767 or U.S. mail (Gifted Education Unit, Colorado Department of Education, 1560 Broadway, Suite 1175, Room F, Denver, CO 80202-5149) The Intent to Participate is an estimation of the number of low-income students and the number of exams that will be invoiced for the 2011 IB Exam period.
2. Determine what students are eligible for ESCAPE benefits based upon the low-income 2010-2011 criteria or income chart found at the end of the Informational Packet. It is recommended that parents of all IB students be notified about the availability of the ESCAPE grant benefits; so that, a parent whose student is not in the free and reduced lunch program, but who qualifies for free and reduced lunch, may apply for the benefit of the IB exam fee program.
3. Use forms in the grant packet for parental disclosure of eligibility or district release of free and reduced lunch or Medicaid information. ESCAPE is a federal program with direct benefit to the low-income student and data will be used only for this federal exam fee program.
4. Retain proof of eligibility documents in the high school files for three years beyond the particular exam year. Do not send student names or eligibility documents to the Colorado Department of Education.
5. By **April 29, 2011**, complete and mail the following grant documents:
 - the *IB Data Collection* forms
 - the *IB Coordinator's Checklist and Assurance* form

Send the forms by April 29, 2011 via fax (303.866.6767, Attention: Gifted Education Unit or mail to the Gifted Education Unit, Colorado Department of Education, 1560 Broadway Avenue, Suite 1175, Room F, Denver, Colorado, 80202-5149.

Notes

The documents in italics must be on file at the Colorado Department of Education to receive a reimbursement from the Exam Fee Program.

The reimbursement check for the high school will be mailed to the district's business office with a memo indicating the high school for which the reimbursement is due.

If you have questions or comments, please feel free to contact Carol Crossley, the ESCAPE Coordinator at 719.821.5980 or carol.crossley2@gmail.com

2011 EXAM FEES will be reimbursed on a proportionality basis determined by the number of participating students and the number of exams taken. Full reimbursement is not guaranteed; however, to date the program has been fully funded. If not funded, high schools and students will be responsible for IB exam fees.

The ESCAPE Informational Packet and the high school coordinator's application forms are also available on the Colorado Department of Education webpage: <http://www.cde.state.co.us/gt/index.htm>.

ESCAPE IB: Intent to Apply and Cost Estimate

Due: February 25, 2011

School Name _____

IB Coordinator _____ Email _____

School Phone _____ School Fax _____

** \$96 per IB exam

** \$141 per testing session (estimated at 2 exams per session)

List of IB courses taught at your school during the 2010-2011 school year	# Students enrolled in the course	# LOW INCOME students enrolled in the course	List of IB tests to be given at your school in 2011	Estimated # of Exams taken by LOW INCOME STUDENTS 2011	Estimated Cost of IB <u>Test Registration Fees</u> for Low-Income Students	** <u>Estimated Cost of 2011 Exams and Test Session Fees</u> for Low Income Students
					Testing session registration fees are based upon an estimate of two exams per session.	Add the cost of IB exams and the cost of registration fees to estimate the total amount of grant funds requested.
Total Estimated Cost for IB Exam and Registration Fees for Low Income Students				# exams x \$96 equals estimate cost of exams \$ _____ + _____ = _____	# of testing sessions x \$141 = registration fees \$ _____ = _____	Exam costs plus registration fees equal total estimated request \$ _____

ESCAPE: Eliminating Student Cost for Advanced Placement Exams

Checklist for IB Coordinators and Eligibility Assurance Form

This page and IB Student Data Collection forms are due **April 29, 2011**.

Eligibility

Low-income student means a student who qualifies for payments as demonstrated in meeting the criteria set by one of the following entities: free and reduced lunch program or chapter 1 of subpart 2 of part A of title IV of the Higher Education Act of 1965 (Medicaid).

Checklist for IB Coordinators:

When ensuring eligibility of students for the exam fee program complete the following steps, sign and return the checklist and data collection sheet. Do not send verification of student eligibility to CDE. Retain verification in the IB Coordinator's school files through 2014.

- A method for identifying low-income IB exam students was implemented. If disclosure information was needed from parents for free and reduced lunch data, one or more of the forms provided in Part Three of the ESCAPE packet for release of information was used: Form #1) A Parent/Guardian Information Release to the district, Form #2) an Alternative Program Eligibility Application provided by the parents, or Form #3) Disclosure Agreement - the district's choice to use a provision of limited disclosure of the Children's Free and Reduce Price.
- IB students and parents were provided information about the Advanced Placement Test Fee Program. Form #1 or #2 was provided to collect evidence for 1) parental release of information, or 2) eligibility criteria if the family is not already participating in the free and reduced lunch program and wish to access the test fee waiver. Students must be eligible, not necessarily participating in the Free and Reduced Lunch Program.
- Eligibility documents will be retained in the IB high school files through 2014.
- Completed: the Data forms for federal reporting: 1) *IB Invoice for Test Fee Reimbursement Request*, and 2) the *Test and IB Student Information and Course and IB Student Information* data sheets
- Fax (303) 866- 6767 or US Mail ***this page along with the Invoice for Test Fee Reimbursement and the Test and Course IB data collection forms by: April 29, 2011*** to Gifted Education Unit, Colorado Department of Education, 1560 Broadway Avenue, Suite 1175, Room F, Denver, Colorado 80201-5149.

IB Coordinator

Name: _____ Date: _____

High School: _____ District: _____

Phone Number: _____ E-Mail: _____

**International Baccalaureate Program
Invoice for Test Fee Reimbursement Request**

Total Amount Requested:

To be Completed by CDE:
**Total Amount Approved by APIP
Grant Manager:

Date: _____

Initial: _____

Reimbursement Payable to:

IB School's District: _____

IB School Name: _____

IB Contact Person's Name: _____ Email: _____

Street Address _____

City _____ State _____ Zip _____

Itemize the Request for Reimbursement in the following chart:

Name of exams taken by low-income students	Number of exams taken by low-income students	Multiply # of exams by \$96	Total Cost for IB exams	Total Cost for registration fees at \$141 per testing session	Total Estimated Cost of 2011 Exam & Fees for Low-income Students
		X \$96		Testing session registration fees are based upon an estimate of two exams per session. Report the actual registration fees below as per your records:	Add the cost of IB exams and the cost of registration fees to estimate the total amount of grant funds requested.
		X \$96			
		X \$96			
		X \$96			
		X \$96			
		X \$96			
		X \$96			
		X \$96			
TOTAL AMOUNT OF REIMBURSEMENT REQUEST			\$ _____ +	\$ _____ =	\$ _____

** Due to limited grant funds, the reimbursement amount is determined after all participating IB Programs submit reimbursement requests. Full reimbursement is not guaranteed. **RETURN by April 29, 2011 to:**
CDE: AP/IB Test Fee Program Fax (303) 866-6767 or U.S. Mail: Gifted Education Unit, Colorado Department of Education, 1560 Broadway, Suite 1175, Room F, Denver, Co 80202-5149.

Test and IB Student Information for Reimbursement

School's Name: _____ Coordinator's Name/e-mail _____

For each IB Test given in spring 2011, please complete student data information.

Names of IB Tests Administered in Spring 2011	Total Number of students taking the test	Gender of total students taking test	Ethnicity of total students taking test	Number of low income students taking test	Gender of low income students taking test	Ethnicity of low income students taking test
		___F ___M	___AfAm ___As ___H ___NaAm ___W		___F ___M	___AfAm ___As ___H ___NaAm ___W
		___F ___M	___AfAm ___As ___H ___NaAm ___W		___F ___M	___AfAm ___As ___H ___NaAm ___W
		___F ___M	___AfAm ___As ___H ___NaAm ___W		___F ___M	___AfAm ___As ___H ___NaAm ___W
		___F ___M	___AfAm ___As ___H ___NaAm ___W		___F ___M	___AfAm ___As ___H ___NaAm ___W
		___F ___M	___AfAm ___As ___H ___NaAm ___W		___F ___M	___AfAm ___As ___H ___NaAm ___W
		___F ___M	___AfAm ___As ___H ___NaAm ___W		___F ___M	___AfAm ___As ___H ___NaAm ___W

Use as many copies of this form as needed to report on STUDENT DATA FOR EACH IB 2011 TEST.

Course and IB Student Information for Federal Report

School's Name _____ Coordinator's Name/e-mail _____

For each IB course offered in your IB Program, please complete student data information.

Name of IB Course Offered in 2010-2011 (11 th and 12 th grade courses)	Total number of students in course	Gender of total students in course	Ethnicity of total students in the course	Number of <i>low income</i> students in course	Gender of <i>low income</i> students in course	Ethnicity of <i>low income</i> students in course
		___F ___M	___AfAm ___As ___H ___NaAm ___W		___F ___M	___AfAm ___As ___H ___NaAm ___W
		___F ___M	___AfAm ___As ___H ___NaAm ___W		___F ___M	___AfAm ___As ___H ___NaAm ___W
		___F ___M	___AfAm ___As ___H ___NaAm ___W		___F ___M	___AfAm ___As ___H ___NaAm ___W
		___F ___M	___AfAm ___As ___H ___NaAm ___W		___F ___M	___AfAm ___As ___H ___NaAm ___W
		___F ___M	___AfAm ___As ___H ___NaAm ___W		___F ___M	___AfAm ___As ___H ___NaAm ___W
		___F ___M	___AfAm ___As ___H ___NaAm ___W		___F ___M	___AfAm ___As ___H ___NaAm ___W
		___F ___M	___AfAm ___As ___H ___NaAm ___W		___F ___M	___AfAm ___As ___H ___NaAm ___W

Use as many copies of this page three form as needed to report on STUDENT DATA FOR EACH IB COURSE OFFERED IN 2010-2011

PART THREE

Parental and District Eligibility Documents

The following forms provide a means to declare eligibility when direct information is not available to the coordinator.

It is highly recommended to notify all parents of students in AP/IB courses that ESCAPE is available, since not all *eligible* high school students take advantage of the free and reduced lunch program.

2010-2011 INFORMATION RELEASE

Dear Parent/Guardian:

Your child is registered in an advanced placement course and may be eligible for benefits under the Advanced Placement Test Fee Program that waives fees for each AP exam taken. If your child is participating in the Free and Reduced Price School Meals Program, please complete and sign this Release of Information form. By checking the YES box, your child will not pay the test fees for advanced placement exams.

To save you time and effort, the information you gave on your Free and Reduced Price School Meals application may be shared with other programs for which you child/children may qualify. We must have your permission to share your information. Sending this form will not change whether your child/children get free or reduced price meals.

YES. I DO want school officials to share information from my Free and Reduced Price School Meals Application with the Advanced Placement Test Fee Program grant called, ESCAPE: Eliminating Student Cost for Advanced Placement Exams.

NO. I DO NOT want information from my Free and Reduced Price School Meals Application shared with this advanced placement program.

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____

Date: _____

Printed Name: _____

Address: _____

Form #2: FOR STUDENTS NOT PARTICIPATING IN THE FREE AND REDUCED PRICE SCHOOL MEALS PROGRAM:

Dear Parent/Guardian:

Your child is registered in an advanced placement course and may be eligible for benefits under the Advanced Placement Test Fee Program that waives fees for each AP exam taken. Completion of this form will assist the school in acquiring Federal funding benefits for you child. Students whose families meet the eligibility criteria on the backside of the form, do not pay advanced placement test fees for exams taken. Completion of this survey is voluntary, but must be completed for benefit to be received.

**2010-2011 FAMILY ECONOMIC DATA SURVEY
FOR ALTERNATIVE ADVANCED PLACEMENT TEST FEE WAIVER ELIGIBILITY**

School _____

Last Name(s) of Family

Telephone Number

Mailing Address, City, Zip Code

INSTRUCTIONS: Please complete a separate form for each of your children taking advanced placement exams. Complete the information, sign your name, and return the form to the Advanced Placement coordinator at your child's high school.

1. Student Information: PRINT the child's name, school, and grade

Last Name of Student	First Name of Student	School	Grade

2. Food Stamp Recipients: If your family receives food stamps complete this section #2, skip to part 5 sign and return

Food Stamp Case Number /_/_/_/_/_ - /_/_/_/_/_/_ (Do not list the 16-digit Quest Number)

3. Foster Child: If you child is a foster complete part 1 and part 3, skip part 2 and part 4. Complete part 5, sign and return.

Foster child, check here:

If this is a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ _____. (Write "0" if the child has no personal use income. Skip to part 5.

4. Total Household Income from Last Month (see backside)

NAME (List everyone in household not listed in Part 1)	List last month's gross monthly income				Check if NO Income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

5. SIGNATURE (Adult MUST sign) I certify that all information on this application is true and that all income is reported. I understand that the school may get State or Federal funds based on the information I give. I understand that school officials may verify the information.

Sign here: X _____ Date _____

For the backside of Form #2

2010-2011 FAMILY ECONOMIC DATA FOR
ALTERNATIVE PROGRAM FUNDING/ELIGIBILITY

This survey is used by the school district to maximize available funding from state and federal sources, as to provide certain other benefits that may be available for your child. In many cases, the eligibility for these funds and programs is linked to whether or not your child is currently eligible for free or reduced price meals in the federal School Lunch (and Breakfast) programs.

Currently, if your child does not participate in the federal School Lunch or Breakfast programs but is eligible, we are asking that you complete the Family Economic Data Survey as an alternative means of qualifying your child for AP or IB test fee reimbursement, a state grant program.

Complete one survey for each student at this school taking one or more AP/IB exams IF:

- ❖ Your household size and income is with the limits on the Income Chart below, or
- ❖ Your family receives Food Stamps, or
- ❖ The AP/IB exam taker is a foster child or
- ❖ The student has status as emancipated or may have qualified for waiver of other school-related fees such as athletics, music or arts participation, or
- ❖ The student has status as a runaway, migrant or homeless as per Section 107 of the Child Nutrition reauthorization Act of 2004 or
- ❖ The student is eligible to receive assistance under the Medicaid Program under title XIX of the Social Security Act, or
- ❖ The student is a member of a family that receives Temporary Assistance for Needy Families (TANF), or
- ❖ The student is a member of a family whose income for the preceding year did not exceed the incomes listed in the chart below.

Income Eligibility Guidelines July 1, 2010 to June 30, 2011

Income Chart (Based on Reduced Price Meals)			
Household			
Size	Annual	Monthly	Weekly
1	\$20,036	\$1,670	\$ 386
2	\$26,955	\$2,247	\$ 519
3	\$33,874	\$2,823	\$ 652
4	\$40,793	\$3,400	\$ 785
5	\$47,712	\$3,976	\$ 918
6	\$54,631	\$4,553	\$1,051
7	\$61,550	\$5,130	\$1,184
8	\$68,469	\$5,706	\$1,317
For each additional member add....	+ 7,955	+ 663	+ 153

Form #3:

This form is for district use only. It is not a parental form. The district may choose to participate in the *limited disclosure option* allowed under the Children’s Free and Reduced Price Meal Program which allows disclosure of free and reduced lunch students for a specific reason, like the Advanced Placement Test Fee Program/test waiver.

DISCLOSURE AGREEMENT
SCHOOL YEAR 2010-2011

The Child Nutrition Program administrator for the _____ School District,

(name, title), hereby agrees to disclose names, contact data (address, phone) and current eligibility status for free or reduced price meals only, as authorized by the National School Lunch Act (NSLA). This disclosure is for the 2010-2011 school year, and is limited as noted below:

The recipient entity/agency, the AP Coordinator in the district’s high school/s, represented by _____, by receiving this data agrees that:

The information will only be used for the following purpose:

ESCAPE: Eliminating Student Cost for Advanced Placement Exam provides exam fee waivers for low-income students with the intent to take AP exams.

The information will be protected from unauthorized uses and further disclosures. Further disclosure or unauthorized use is prohibited, and any violation of this provision may result in a fine of not more than \$1000, or imprisonment of not more than one year, or both, as stipulated in the NSLA.

This agreement will expire on June 30, 2011, and is understood and accepted by both parties:

Child Nutrition Program Administrator Recipient Entity/Agency

Signature _____

Date _____

- ◆ Send the original signed copy of the Disclosure Agreement to the district’s Food Services Department.
- ◆ Retain a copy of the signed Disclosure Agreement in the AP Coordinator’s AP Exam file through 2014.

For additional information, contact

Carol Crossley, ESCAPE Coordinator

carol.crossley2@gmail.com

719-821-5980

Reference: Exam Fee Eligibility Guide

Income Chart

Income Eligibility Guidelines July 1, 2010 to June 30, 2011

Income Chart (Based on Reduced Price Meals)			
Household			
Size	Annual	Monthly	Weekly
1	\$20,036	\$1,670	\$ 386
2	\$26,955	\$2,247	\$ 519
3	\$33,874	\$2,823	\$ 652
4	\$40,793	\$3,400	\$ 785
5	\$47,712	\$3,976	\$ 918
6	\$54,631	\$4,553	\$1,051
7	\$61,550	\$5,130	\$1,184
8	\$68,469	\$5,706	\$1,317
For each additional member add....	+ 7,955	+ 663	+ 153

Please Note:

The fax number for submitting forms is

303.866.6767

Attention: Gifted Education Unit.



