MOLINE TOWNSHIP STUDENT BUS TICKET PROGRAM

Don Johnston, Supervisor

Program Description:

The Student Bus Ticket Program provides bus tickets for children of Moline Township residents who are in financial need of transportation to and from school.

Eligibility:

- The student must be a resident of Moline Township whose family's financial situation cannot be met by any other government or social service agency.
- The student's family must be able to document the child's enrollment status in the schools Free Lunch Program or a document from the Department of Human Services indicating the family receives TANF and/or LINK.
- The distance to the assigned school from the student's home warrants the need to ride the bus.

Programs Purpose:

- To keep Moline Township Children in school by eliminating the need of transportation.
- To assist the children of income eligible Moline Township families with the cost of bus tickets for their children.
- To help Moline Township low income families that are struggling to buy bus tickets for their child/children or put food on the table.
- To provide families a safer option of getting their child to school if they live too far for the child to walk to school each day.

Maximum Amount Allowed:

Each qualified student is allowed enough tickets to get them to and from school each quarter. These tickets **MUST ONLY** be used by the eligible student. Eligibility will be reviewed on a quarterly basis.

Application Process: (parent required as applicant for student)

- All applicants must provide proof of residency (a current piece of official mail, a current lease or current mortgage statement).
- Provide proof the child is enrolled in the Free Lunch Program or a document from DHS indicating the family receives TANF and/or LINK.
- Student(s) Social Security Card.
- Future bus tickets will be issued based on proof of the students prior quarters attendance. (report card showing attendance, or letter from the schools attendance office).

MOLINE TOWNSHIP

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APPLICATION FOR STUDENTS BUS TICKET PROGRAM

Date:			
Parents Name:			
Address:			
Phone Number:			
Complete	e the Following for Each Child You A	Are Applyin	<u>ig For</u>
Student's Name:			
School:		Grade:	
SS#	Birth Date:		
Student's Name:			
School:		Grade:	
SS#	Birth Date:		
Student's Name:		Carada	
School:	D' al D. A.	Grade:	
SS#	Birth Date:		
	hip reserves the right to determine if th		-
	m applying for. I also understand that t to whom the tickets were issued. I und		
·	hool the quarterly bus ticket allotment		•
Noncooperation or misuse	of the bus tickets will result in term	ination fror	n the program . I f
_	for this program is available until the s	_	
• •	ibility to provide the necessary docume eeded. By signing I am acknowledging		
requirements as written.	react. By signing I am acknowledging	Thave read	and anderstand the
Parent's Signature		Date	

^{*} This program is subject to change or discontinuation due to budgeting and funding. Availability is not guaranteed.