

Broadband Internet Assistance Available

You may be eligible for funding to cover the installation/start-up fees associated with broadband internet service. To cover these costs:

- Families must provide an invoice from an internet service provider that includes the installation/start-up fee.
- Eligibility is based on financial need.
- BCPS will pay the internet service provider directly based on this invoice.

The maximum amount provided will be \$299. Funds are not available for monthly service plan fees.

For questions about internet service provider coverage areas, please contact Mac Duis at mduis@bedford.k12.va.us.

For questions about the process of applying for fee coverage, please contact Ryan Edwards at redwards@bedford.k12.va.us.

Leading internet service provider contact information (let the company know you are working with Bedford County Public Schools):

B2X	b2xonline.com	540-389-7924
BRISNET	www.brisnet.com	540-566-4588
Comcast	InternetEssentials.com	1-855-8-INTERNET (1-855-846-8376)
Shentel	www.shentel.com	1-800-SHENTEL

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Application for Internet Installation Fee Assistance

*** Must attach a copy of the bill/invoice for internet installation. BCPS will pay the company directly for these fees.**

Student Name: _____

School Name: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Phone Number: _____

Internet Company: _____

Installation Fee/Amount of Assistance Requested: _____

___ I have checked with all the listed internet companies and none serve my area. I am interested in receiving a cellular hotspot for up to 1 year from BCPS. BCPS will not reimburse families for hotspots.

___ I give permission for BCPS to consider my free/reduced meal application status in processing this application.

Parent/Guardian Signature

Date

Return the form and invoice to: Ryan Edwards, Bedford County Public Schools
310 S. Bridge St.
Bedford, VA 24523
Fax: (540) 586-7703
Email attachment: redwards@bedford.k12.va.us

Office Use Only

Date application received _____

Amount approved: _____ Invoice processed: _____ Date: _____