

Financial Support Application 2019-2020 School Year

Please fill out one form PER STUDENT.

Family Information

Student Name: _____ Grade: _____

Address: _____ City: _____

Primary Phone: _____ Cell Phone: _____

Financial Need

Financial need is determined based on the income levels used for the Free & Reduced Lunch program, as well as extenuating circumstances.

Size of Household	Annual Income
1	21,590
2	29,101
3	36,612
4	44,123
5	51,634
6	59,145
7	66,656
8	74,167

My student is currently on the Free and Reduced Lunch Program. Yes _____ No _____

If no, do you believe that your family would qualify for this program? Yes _____ No _____

Note: If you do not qualify for the Free and Reduced Lunch Program, we may have other funding options available. See below.

Circumstances

On a separate sheet of paper, please provide further information that might help us understand any circumstances affecting your family. This will assist us in determining what support we are able to provide.

Type of Assistance Needed

- Lab Fees AP Test Fees Other: _____
- CTSO Dues Extra Curricular Travel Fees _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____