

Request for Financial Assistance-Confidential Form (Held at Community Education)

There are limited dollars available and all monies allowed for financial assistance may vary from program to program. This form is for Community Education Programs including general programs, summer school programs, and project share. Assistance for KTC and Preschool is handled separately. Complete all information on this form, one per student, and return along with registration form to: Johnston Community Education, PO Box 10 Johnston, IA 50131.

Section 1.

Student Name _____ D. O B. _____

Parent Name _____

Address _____

City _____ Zip _____

Home Phone Number _____ Cell Phone _____

Work Phone Number _____ Name of Parent at that number _____

Email _____

Teacher's Name _____ Grade during current school year _____

Section 2.

Classes/Programs	Code	Fee	Amount you can pay:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am seeking financial assistance in the amount of _____ I could pay _____

Why are you seeking financial assistance?

Section 3.

- 1) Are you currently receiving reduced/free lunch at JCSD? ____Yes ____No
- 2) Are you currently receiving food stamps? ____Yes ____No If yes, please attach a copy of your letter from Human Services that verifies your receipt of food stamps.

If you answered no to either question above complete the portion below:

Names of ALL individuals living in your household (under one roof):

First Name	Last Name	Middle Initial	Age	Monthly Earnings from work before deductions	Monthly Income from welfare, child support, alimony	Monthly Income from pension, social security, retirement	All other income received during month

I permit the release of the Free and Reduced Application information to obtain other educational/recreational fee reductions and/or waivers. I understand that this information provided above or through Nutrition Services will not be given out to any other groups or individuals and used solely for Community Education Programs. I also verify that any and all information provided above is accurate and understand that if required I may need to show proof of such information.

Signature of Parent/Guardian/Participant if over 18

Date

You will be notified of the amount that will be awarded you. Any amount still due or for other classes/programs is to be paid PRIOR to the start of the program/class.

Office Use:	
Rec'd by _____	Date _____
Account funds come from: _____	Amount _____
Account funds come from: _____	Amount _____
Availability of Classes:	
Amount Financial Assistance Provided: _____ by _____ date _____	