

Johnston Community Education Request for Financial Assistance-Confidential Form

There are limited dollars available and all monies allowed for financial assistance may vary from program to program. This is for Community Education Programs. Assistance for KTC and Preschool is handled separately. Complete all information on this form to: Johnston Community Education, PO Box 10 Johnston, IA 50131 or email to commed@johnston.k12.ia.us. Any questions, call 515-278-0552

Section 1.

Parent Name _____
 Address _____ City _____ ZIP: _____
 Cell Phone: _____ Email _____

Student Name _____ **DOB** _____ **Grade** _____

Class/Program	Fee	Amount you can pay
(1 st choice) _____	_____	_____
(2 nd choice) _____	_____	_____

Student Name _____ **DOB** _____ **Grade** _____

Class/Program	Fee	Amount you can pay
(1 st choice) _____	_____	_____
(2 nd choice) _____	_____	_____

Student Name _____ **DOB** _____ **Grade** _____

Class/Program	Fee	Amount you can pay
(1 st choice) _____	_____	_____
(2 nd choice) _____	_____	_____

If more children, please include information on separate document.

Section 2.

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

Why are you seeking financial assistance?

(over) BOTH SIDES OF THIS APPLICATION MUST BE COMPLETED

Section 3.

- 1) Are you currently receiving reduced/free lunch at JCSD? _____ Yes _____ No
- 2) Are you currently receiving food stamps? _____ Yes _____ No

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	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:	
Received by: _____	Date _____
Verified by: _____	Date _____
Approved by: _____	Date _____