



**EDEN PRAIRIE SCHOOLS**  
Community Education

**EDEN PRAIRIE COMMUNITY EDUCATION FEE ASSISTANCE APPLICATION**

Applicants may request fee assistance for up to one-half of a course fee not to exceed a total of \$250 per family, in any one year (July 1 - June 30). Fee assistance information is kept confidential.

Applicant Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

School \_\_\_\_\_ Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Class(es) or program(s) for which fee assistance is desired:

Participant's Name	Course #	Course Title	Course Fee
_____	_____	_____	_____
_____	_____	_____	_____

\* Visa \*Mastercard \*Discover \*Check (payable to ISD #272) Total Course Fees \_\_\_\_\_

Name on credit card \_\_\_\_\_

Card number \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_

Does your family currently qualify for free or reduced lunch? \_\_\_Yes \_\_\_No \_\_\_Have not applied

If **No** or **Have not applied**, complete the following income information:

Household Size \_\_\_\_\_ Total Household Income \$ \_\_\_\_\_

(List current monthly GROSS income before deductions)

Are you receiving any other financial or county assistance at this time? \_\_\_Yes \_\_\_No

If **Yes**, please describe \_\_\_\_\_

Additional information supporting your need for fee assistance: \_\_\_\_\_

I hereby certify that all the above information is true and correct, and I understand that the Community Education Department may verify the information on the application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
(Or Parent of student applicants Pre-K-12)

**Send or bring completed application and fee to:** Community Education, 8040 Mitchell Road, Eden Prairie, 55344

**Email:** comed@edenpr.org **Fax:** (952) 975-6920

OFFICE USE ONLY: Date Rec'd \_\_\_\_\_ Authorized Person \_\_\_\_\_

Approved for \$ \_\_\_\_\_ Denied: (reason) \_\_\_\_\_