



Community Education Sliding Fee/Scholarship Application

Student Last Name _____ First Name _____ Middle Initial _____

Parent's Name _____ Home Phone # _____

Parent's Address _____

Do you qualify for Free/Reduced Lunch?

☐ Yes

☐ No

- ☐ If no we need to know the number of family members in your home and the household gross income.

# of family members living in the home (include all adults and children)	What is the total gross income of the household?
	\$

Parent Signature _____ Date _____

This section to be completed by school personnel

- ☐ Family qualifies for sliding fee payments in the amount of \$ _____
- ☐ Family qualifies for scholarship and pays no fee