



Application for Reduced or Waived Student Fees

Dear Parent or Guardian:

Your child may qualify for a scholarship that will reduce or waive fees associated with some student activities, field trips, athletics, Advanced Placement test fees and other authorized district functions.

Your family may qualify by one of the following:

- Your child(ren) receive free or reduced school lunch.
- Your family is receiving county assistance.
- Your family is experiencing financial difficulties.

To request a scholarship, please complete and return this form to your child’s school principal or high school activities office. You will be notified of the status of your request within seven days of the receipt of this completed form. Completing or not completing this form will not change whether your child will receive free or reduced price meals.

Application for Reduced or Waived Student Fees

Student Name: _____ **School:** _____ **Grade:** _____

Activity applied for: (choose any or all programs with which you desire to share information).

**This consent applies only to the program or activities checked below. Programs receiving this will not share the information with any other entity or program.

Field Trips Athletics Advanced Placement Test Other _____ All Activities

To determine my child’s eligibility for a Student Fees Scholarship, please consider the following:

My child receives free school lunch. **My child receives reduced school lunch.**
(By checking either of these boxes, a school district authority has permission to verify your child’s lunch status)

Our family currently receives county assistance. Please attach documentation or proof of assistance.

Our family is currently experiencing financial hardship.

(Please provide a brief explanation)

Parent/Guardian Signature: _____

Only a parent or guardian who is a member of the child’s household for purposes of the free and reduced price meal application may give consent to the disclosure of the child’s free and reduced price meal eligibility information. Your child’s free or reduced price meal eligibility information is private data. By signing this consent, you authorize disclosure of your child’s name and free and reduced price meal eligibility information to school district personnel for the purpose of determining your child’s eligibility for reduced or waived fees related to only those school programs/activities for which you have applied above. While failing to sign this consent will not affect your child’s eligibility for free or reduced price meals or milk, it may impact the school’s reduced or waived student- activity fee determination.

Parent/Guardian Phone: _____ **Date:** _____

School Use Only

Approved for waived fees Approved for reduced fees Denied

School Official Signature: _____