



# Skyline High School

## Application for Local Financial Aid

This application is for Issaquah School District/Skyline High School to cover certain fees associated with local high school programs when a family is facing economic hardship. This is not an application for free or reduced-price meals (FRM). A child approved for FRM qualifies automatically for local hardship aid based on household income, and need not use this form. In the event your child does not qualify for FRM and financial assistance is still needed, please complete this form and return to Skyline's ASB Bookkeeper.

**Students Name (s)** \_\_\_\_\_

The information you give will be used to establish eligibility for hardship aid. Approval is based on need. Not all program fees will necessarily be covered. The school district in its sole discretion will determine which fees will be covered for qualifying children based largely on educational value and availability of funds. In addition to covering fees, the Issaquah School District/Skyline High School may work with you to minimize costs or find alternative solutions.

### PROOF OF ELIGIBILITY

You may be asked to submit more information at any time to verify your child is eligible for hardship aid. You may apply or re-apply at any time. Each application may be approved for up to one school year.

### HOUSEHOLD INFORMATION

Names of All Household Member	Gross Monthly Income per Person
1.	
2.	
3.	
4.	

List additional income and/or members on the back of this form.

### REASON FOR HARDSHIP (Check all that apply)

- Loss of employment       Medical Expenses
- Other (please specify): \_\_\_\_\_

### TYPE OF AID REQUESTED

- Band     Field Trips     Academic Testing Fees     Athletics     ASB     Other (please specify): \_\_\_\_\_

**DURATION REQUESTED (sport season, semester, or up to one year)** \_\_\_\_\_

*I certify all of the above information is true and correct. I understand I am providing this information for the receipt of hardship aid, and that school officials may verify the information on the application.*

### ADDITIONAL INFORMATION

Please list any additional information you us to know that may be pertinent to this assistance request.  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Adult Household Member** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Home/Cell Phone #** \_\_\_\_\_ **Email** \_\_\_\_\_

If you should have any questions, please contact the ASB Bookkeeper at (425) 837-7774.