AMELIA V. CARRIEL JUNIOR HIGH SCHOOL

O'Fallon Consolidated Community School District #90

Dan Foehrkolb
Principal

Mara Hamilton
Asst. Principal

Jeff Brokering
Asst. Principal

Financial Assistance Application
Sports & Clubs

Student's Name:_____ Grade_____

Sport or Club: _____ Total Activity Fee: $50 (clubs) or $100 (sports)

What are you able to pay toward the fee? _____
(Please note: Students who qualify for the Reduced Meal Program must pay at least half of the fee needed.)

My child qualifies for: (circle only one) **Free Meal Program** **Reduced Meal Program**

PLEASE NOTE: Only one scholarship for assistance (club or sport) can be awarded in a given school year.

If your child does not qualify for the free lunch program, do you need to make payment arrangements? (circle only one) **YES** **NO** **N/A**

Please state your current situation which presents a financial challenge for your child to be involved with the sport or club.

_____

Parent or Guardian Making request name (print)_____

Parent/Guardian Signature _____

Phone number: _____

Street Address_____

City_____, IL Zip Code_____

*****Return the completed application one week BEFORE tryouts.*****

Office Use Only:
Date Received: _____ Verified by: _____ F/A Awarded No Yes Amount $_____
Payment arrangement made: N/A No Yes-see attached