



# Student Financial Assistance Application

Revised: April 2025

Board Policy 4:140 provides for offers a student financial assistance program that includes free and reduced price meals, and additional financial support to those eligible. The financial assistance includes two classifications: free and reduced. Students eligible for either of these classifications will receive access to free/reduced priced meals, loaned textbooks, course and exam fees, transportation, and other approved activities and resources.

Eligibility for the student financial assistance program is primarily determined based on household income guidelines that are established each year (described below). Additionally, the following student populations are automatically eligible for the student financial assistance program:

- If you now receive Food Stamps or Aid to Families with Dependent Children (AFDC) for any of your children;
- Foster children.

Information regarding student financial assistance applications or program eligibility is confidential, and only shared with pertinent school personnel.

Families interested in applying for the Student Financial Assistance Program may apply by completing this application and submitting it to the **Enrollment Specialist** at the **District Administration Building (3801 W. Lake Avenue, Glenview)**. Applications and supporting documentation may also be submitted via e-mail to **SFAP@glenbrook225.org**.

## Part 1. Household Members (List All Individuals Living in the Household)

Complete for Children Attending Glenbrook High Schools				
Name (First, Middle, Last)*	School Name	Grade	Foster Child?	SNAP/TANF Number
	<input type="checkbox"/> GBN <input type="checkbox"/> GBS		<input type="checkbox"/> Yes	
	<input type="checkbox"/> GBN <input type="checkbox"/> GBS		<input type="checkbox"/> Yes	
	<input type="checkbox"/> GBN <input type="checkbox"/> GBS		<input type="checkbox"/> Yes	
	<input type="checkbox"/> GBN <input type="checkbox"/> GBS		<input type="checkbox"/> Yes	
	<input type="checkbox"/> GBN <input type="checkbox"/> GBS		<input type="checkbox"/> Yes	
	<input type="checkbox"/> GBN <input type="checkbox"/> GBS		<input type="checkbox"/> Yes	

\* Attach another sheet of paper if necessary.

## Part 2. Household Income

Name of Wage Earner*	Earnings from Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income	
	Amount	How Often?	Amount	How Often?	Amount	How Often?	Amount	How Often?

\* Attach another sheet of paper if necessary.

### Part 3. Proof of Income

With your completed application, **please include the following evidence that supports a household income that is at or below the levels listed.** (All supporting information will remain confidential and be returned after a determination has been made. Supporting information will be copied and remain in the student's file.)

- The most current Federal Income Tax Return (if parents file separately, they each must submit their respective return), or if you haven't filed yet, a copy of your request for extension, as well as copies of your W-2(s), and if employed, two most recent pay stubs, OR
- If unemployed, a Statement from the State Unemployment Security Office indicating the amount of benefits you are currently receiving, OR
- Notification from the State Unemployment Security Office indicating that you are no longer eligible for benefits.
- Additional documentation that must be included for income sources outside of employment:
  - SSDI/pension/Social Security pay subs
  - DHS Letter with case number indicating receipt of Public Aid

I have attached proof of income as listed above:     Yes     No

### Part 4. Parent/Guardian's Acknowledgement

By signing below, I am applying for student financial assistance from Glenbrook High School District 225. I certify that all the information stated within this application is true and correct, and that all income has been reported. I understand that this information may be verified at any time during the school year. I further understand that any information deliberately misrepresented as part of an application or investigation regarding the student financial assistance program may be referred to enforcement agencies and other appropriate authorities for prosecution under local, state and federal laws.

Parent/Guardian Name  
(Type/Print) \_\_\_\_\_

Parent/Guardian  
Signature \_\_\_\_\_

Date: \_\_\_\_\_

#### *For Business Services Department Use*

Application Reviewer: \_\_\_\_\_

1	Student Name: _____	ID Number: _____
2	Student Name: _____	ID Number: _____
3	Student Name: _____	ID Number: _____
4	Student Name: _____	ID Number: _____

Determination:     Approved Free     Approved Reduced

Denied (Income Exceeds Eligibility Guidelines)     Denied (Missing Information)

Notes:

Household Size: \_\_\_\_\_

Application Reviewer  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_