



**REQUEST FOR FINANCIAL ASSISTANCE  
FOR EXTRACURRICULAR ACTIVITIES**

STUDENT NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**REQUEST INFORMATION**

**Extracurricular activity(s) you are requesting assistance for:**

\_\_\_\_\_

**Please explain why the fee should be waived or reduced:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY SITE/DISTRICT ADMINISTRATION**

**FEE SCHEDULE:**

Amount of fee(s) to be waived: \_\_\_\_\_

Amount paid: \_\_\_\_\_

Balance due: \_\_\_\_\_

TOTAL AMOUNT TO BE PAID: \_\_\_\_\_

Site/District Approval: \_\_\_\_\_ Date: \_\_\_\_\_