



**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: **Willis Book Club/Library Club/Reading Club AKA Fellowship of the Readers**

Please explain why the fee should be waived or reduced (check one):

_____ **Our family cannot afford to pay this club fee.**

_____ **We have already paid over \$25.00 in fees for this student**

_____ **Other** _____

Parent/Guardian Signature: _____ **Date:** _____

TO BE COMPLETED BY SITE/DISTRICT ADMINISTRATION

FEE SCHEDULE:

Amount of fee to be waived **\$5.00**

Amount paid: _____

Balance due: _____

TOTAL AMOUNT TO BE PAID: _____

Site/District Approval: _____ **Date:** _____

*Fee waiver forms must be submitted to the principal's office for review and approval.