

AP SCHOLARSHIP APPLICATION 2019

Name _____ ID# _____ Grade _____
Last First

- 1. How many AP exams will you be taking this year? _____
- 2. Total dollar amount for above exams: \$ _____
(\$95/exam; exception is Seminar & Research \$145/exam)
- 3. Total student contribution: \$ _____
- 4. Balance due for exams: \$ _____

Eligibility Requirements:

- 5. Do you receive free or reduced lunches at Casteel? yes no
If you receive free or reduced lunch please provide a copy of a letter confirming this information. School Café is able to provide this letter for you.
- 6. Does your family receive assistance under Part A of the title IV of the Social Security Act? yes no
- 7. Are you eligible to receive medical assistance under the Medicaid Program under Title XIX of the Social Security Act? yes no

If you answered "NO" to #5, #6 or #7, in order to be considered for financial aid, you must submit a copy of the first page of your 2017 U.S. Tax Return. (We are required by both the College Board and the state of Arizona to verify income for financial aid purposes.)

8. Number of family members living in household. _____

*****By signing this form, the student and parent/guardian agree that the student will attend exam review sessions provided by Casteel High School AP teachers. Students may miss only one review session for each subject area. If a student does not sit for the exam, he/she must pay the return fee of \$15.00 for the exam.***

Student signature _____ Date _____

Parent/Guardian signature _____ Date _____

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OFFICE USE ONLY BELOW

- Student approved for financial aid \$ _____
- Student NOT approved for financial aid

Administrator signature _____ Date _____

IN ORDER TO BE CONSIDERED FOR FINANCIAL AID YOU MUST RETURN COMPLETED PACKET TO MRS. BARRIENTES IN THE FRONT OFFICE BY **February 1, 2019**