

**** CONFIDENTIAL ****
FINANCIAL HARDSHIP WAIVER APPLICATION

To apply for financial hardship waiver, carefully complete this form and return to _____. If you need help with this form, please call _____.

Student Name _____

School _____

Student ID Number _____ Dollar amount for this waiver \$ _____

Explain in detail your reason for applying for this waiver:

LIST ALL HOUSEHOLD MEMBERS MONTHLY INCOME

Name of Adults	SSN	Monthly Earnings From All Work Before Deductions	Monthly Welfare payments, Child Support and/or Alimony	Monthly Payments From Pensions, Retirement, Social Security	All Other Income Received Last Month
1.					
2.					
3.					
4.					
5.					

Name of Children, Age & School

Name	Age	School	
1.			
2.			
3.			
4.			
5.			

Total Monthly Income \$ _____

Do you receive food stamps? _____ Food Stamp Case Number _____

Do you receive AFDC? _____ AFDC Case Number _____

List any and all other aid you receive from any source:

What is your relationship to student? _____

CERTIFICATION

This application is made with full knowledge that the law provides penalties for making false statements or concealing material facts to obtain the benefits of this waiver.

Signature _____

Home Address _____

Printed Name of Parent / Guardian _____

Home Telephone _____

Work Telephone _____

Date Signed _____

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OFFICIAL USE ONLY

Approved ____ Disapproved ____ By: _____ Date: _____

Information verified by: _____ Date: _____