

Financial Assistance Application



The Kyrene School District wishes to assist children who are unable to participate in available programs due to their family's financial situation. We are committed to both collaborating with the Arizona Department of Economic Security to provide licensed childcare services at a reduced cost as well as to providing a limited number of partial or full tuition waivers for the following programs:

- Kyrene Kids Club
- Middle School Athletics
 - STAR/STAR Jr.
- Summer Academy

PLEASE NOTE:

Registration/Processing fees, if applicable, are not covered by financial assistance.

Available funds vary by program; please check with the program for availability.

Financial Assistance Application Procedure

Limited funds for financial assistance are available each year. Each program will notify the recipient of the amount and length of the tuition waiver term.

Submit application form to the Customer Service Center located at the Kyrene School District Office (8700 S. Kyrene Rd., Tempe, AZ 85284).

Questions regarding financial assistance should be directed to each program.

Program registration forms must be submitted with this application.

Deadlines for submittal vary; please call the program for details.

Incomplete application packets will not be awarded.

Applications must meet all of the following criteria in order to be considered:

- Any previous balance due must be paid by the application deadline.
- The financial assistance application form is completely filled out.
- A separate registration form for each child and for each program is submitted.
- Proof of income is attached for every adult living the household. Applicants must provide:
 - o a copy of most recent Federal Tax Return (w-2 forms are not acceptable),
 - o last two (2) paycheck stubs for every working adult in the household, and
 - o a letter of explanation and supporting documentation (e.g., college financial aid award letter) if there is a drastic change in income (e.g., unemployment) or you do not have the documentation listed above.

Please note:

- Applications are reviewed on a first-come first-served basis and according to the deadlines set by each program. ***** (It is the applicant's responsibility to contact each program for timelines.)***
- Some programs may only be able to provide financial assistance when all adults in the household are currently employed.
- Processing fees/material fees (when applicable) are not covered by financial assistance.
- Qualification for financial assistance does not guarantee your student a space in the program.
- A Kyrene School District staff member will notify you of the status of your application.

***** Athletic Scholarships - applications must be submitted before try-out sessions begin***

CONFIDENTIALITY: The information you provide will be treated confidentially and will be used to determine eligibility for financial assistance in Community Education and Outreach Programs only.

Please return or mail the completed application to:

**Kyrene School District
Customer Service Center #10
8700 South Kyrene Road
Tempe, AZ 85284
Phone 480-783-7314
Fax 480-783-4141**

**Mon-Thurs 7:30am-4:30pm, Fri 9:00am-4:30pm
Summer hours vary, please call for details**

Financial Assistance Application

To be completed by the parent/guardian and attached to the registration form(s)

If application is for more than one child, please list all children and submit one registration form per child per program.

STUDENT(S) NAME(S): _____

PARENT/GUARDIAN: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

Programs accepting financial assistance applications: *(check all that apply)*

- Kyrene Kids Club (please specify program) – 480-783-4039/4096
- *Athletics – 480-783-4060 Sport: _____ School: _____
- STAR/STAR Jr. – 480-783-4083
- Summer Academy – 480-783-4054

****Due to limited funds only partial scholarships will be available to all athletes. Students, who qualify for a scholarship, will be given full qualifying benefits for one season only. Further participation within the same school year will be awarded the next level down of original qualifying benefits.***

THE FOLLOWING INFORMATION AND DOCUMENTATION MUST BE SUBMITTED FOR CONSIDERATION

List the names and ages of **everyone** living in your household (including yourself and all children). Monthly Income: List all income in the household received last month on the same line for each person who received it. List the gross income amount before deductions for taxes, social security, etc. **A copy of the most recent Federal Tax Return (w-2 forms are not acceptable), the last 2 paycheck stubs and any applicable federal financial assistance documentation must be attached for each adult living in the household.**

NAME (Last, First)	Age	Monthly earnings from work (before deductions)	Monthly welfare payments, child support, AFDC & alimony	All other income received last month	Total
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

For Office Use Only:

- Registration Form
- Financial Assistance Application
- Proof of Income/Tax Return
- Incomplete
- Did Not Qualify
- Qualified

Amount/Percent: _____
 Date: _____
 Processed by: _____