



Financial Assistance Application

School Year _____

Parent and/or Guardian Information (please print clearly)

Parent and/or Guardian Name: _____

Phone: _____ Email Address: _____

Street Address: _____
Street City State Zip

Family Income and Household Size

List the names of everyone living in your household (all adults and children) and the relationship to Parent/Guardian:

Name (Last, First)	Age and Grade (if applicable)	Relationship to Parent/Guardian
	_____ Age _____ Grade	
	_____ Age _____ Grade	
	_____ Age _____ Grade	
	_____ Age _____ Grade	
	_____ Age _____ Grade	
	_____ Age _____ Grade	
	_____ Age _____ Grade	

REQUIRED: Household size and family income must be defined by Option 1 or Option 2

☐ ***Option 1: Public Assistance** (Determines household size AND family income)

You must attach your Public Assistance Approval Letter (all pages) dated within the last twelve (12) months; letters should include the applying child(ren)'s name(s), monthly gross income, and household size. (Food Stamps, AHCCCS, and/or Cash Assistance/TANF)

Families receiving AHCCCS may access a copy of their public assistance approval letter at:
www.healthearizonaplus.gov

**If you are using Option 1 to determine household size and family income, you may stop here and proceed to pg. 3. No additional information is needed.*

☐ **Option 2: Tax Records and Earned Income Documentation**

Tax Records (Determines household size, does **NOT** determine family income)

Provide a copy of your family's most current annual income tax return (pg.1 of 1040 tax return) with listed dependents.

- ☐ I have provided the most current annual income tax return; **or**
- ☐ I do not have a tax return with the applying child(ren) listed, or I have provided a tax return, but it does not accurately reflect my situation. Provide additional details below (you may attach a letter):

Earned Income Documentation Requirements

Please provide **ONE** of the following as they apply for **each** contributing household member. Income is calculated using Gross Annual Income using pay stubs of each contributing member.

Contributing Member(s) is a household member related by birth, marriage, or adoption; contributing member will also include anyone who claims the child as a dependent on his/her taxes.

- ☐ **Employment** (must provide documentation of **one** of the following options for each contributing member):
- ☐ One month of most recent, current consecutive pay stubs
- Pay Descriptions that count towards gross income: regular/straight pay, paid time off, vacation, holiday, sick time, shift differentials, bereavement, tips and commission, housing, and subsistence allowances. NOTE: Overtime, bonuses, and per diem do NOT count towards gross income.
- OR**
- ☐ Written statement from employer, on company letterhead, that includes a gross annual income OR hourly rate with average hours worked and frequency of pay
- OR**
- ☐ Full Time Student (must provide copy of current school schedule)
- ☐ **Self-Employed** (must provide documentation of **one** of the following options):
- ☐ Tax Form 1040 with applicable forms such as schedules C, C-EZ, E, F and K1
- OR**
- ☐ Signed profit and loss statement for the three most recent months
- ☐ **Unemployed** (see below for additional unearned income requirements)

Unearned Income Documentation Requirements (for applicants qualifying using Option 2)

☐ My household does NOT receive any unearned income

☐ My household DOES receive unearned income (documentation of this income, amount, and frequency, is required and counted in the eligibility determination):

- ☐ Education assistance (not loans)
- ☐ Foster care or adoption payments
- ☐ Government or tribal income (per cap, TANF)
- ☐ Social Security income (disability, survivor benefits, etc.)
- ☐ Retirement payments
- ☐ Veteran benefits
- ☐ Unemployment insurance statement
- ☐ Child support or spousal maintenance

No Income

I, _____, state that I have not been employed, self-employed, completed odd jobs or had any source of income including any gifts or loans during the past 30 days.

The above stated information is current and correct to the best of my knowledge. I understand I must provide the requested documentation to the Kyrene School District office for my request to be processed.

Parent/Guardian Signature *(no electronic signatures)*

Date

Please return the completed application to:

Kyrene School District
Community Education Services #14
8700 S. Kyrene Rd, Tempe, AZ 85284
Phone: 480-541-1500
Email: eservices@kyrene.org

Fully completed applications are processed on a first come, first served basis; assistance available may vary by program.

You will be notified of the status of your application by email.

Kyrene Community Education Financial Assistance Application

School Year Program Selection

Only complete the sections that you are applying for:

Program	Description	Student First and Last Name	School
Preschool Community & Signature	For children ages 3 to 5 years, not yet in Kindergarten	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
Kids Club Elementary Schools Only	Before/After School care available to students in Kindergarten – 5th grade	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
After Hours Middle Schools Only	Before/After School care available to students in 6th, 7th, and 8th grade	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
Youth Enrichment Classes	Before/After School classes held on school campus. Available to ages Kindergarten – 8th grade	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____