



Financial Assistance Reapplication

(Valid only in the same school year as original application.)

Parent and/or Guardian Information:

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	

The information provided in the previous application this school year remains current and correct to the best of my knowledge. I understand I must provide one month of the most recent paystubs to reapply. Fully completed applications are processed on a first come, first served basis; assistance available may vary by program.

Parent/Guardian Signature

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

You will be notified in writing of the status of your application.

Please check how you would like to be notified: ☐ Mail ☐ Email