



Financial Assistance Application

The Kyrene School District offers financial assistance for the following programs. Applications are processed on a first come, first served basis. **A new application must be submitted for each Athletic Season, Enrichment Season, and Semester of school (for Kids Club, ELC, and After Hours).** Check all that apply:

- Kyrene Kids Club/Early Learning Centers School _____
- Kyrene After Hours (for Middle School students) School _____
- Middle School Athletics School _____
- Youth Enrichment
- Community Theatre
- Summer Academy
- Tutoring

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

- No accounts have a past due balance in any Community Education program.
- Proof of income is attached including: Last two (2) paycheck stubs for every working adult in the household, child support, disability, and social security.
- Copy of most recent Federal Tax Return; Pages 1 and 2. **Applications without a tax return (for those who file) will not be processed.** Check here if you are not required to file taxes. _____

CONFIDENTIALITY:

The information you provide will be treated confidentially and will be used only to determine eligibility for financial assistance.

PARENT AND/OR GUARDIAN INFORMATION:

Father/Guardian Name _____ Phone _____

Address _____

Place of Employment _____

Mother/Guardian Name _____ Phone _____

Address _____

Place of Employment _____

How many children are you responsible for supporting and/or reside with you? _____

What is the current MONTHLY gross income of everyone in the household? _____

Name of individual filling out this form: _____

For Office Use Only

- Incomplete
- Did Not Qualify
- Qualified – KC/AH/ELC _____ %
- Qualified – Academy, Theatre, Tutoring _____
- Qualified – Athletics \$ _____
- Qualified – Enrichment _____ %
- Date _____
- Processed by _____

***Complete both sides of the application.**

Monthly Income: List the names and ages of everyone living in your household and **all income** in the household received last month on the same line for each person who received it. List **gross** income amount. **Include yourself and all children.**

Name (Last, First)	Age/Grade	Monthly Earnings from Work	Monthly Welfare Payments, Child Support, & Alimony	All other Income	Total
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PARENT/GUARDIAN SIGNATURE

DATE

The above stated information is current to the best of my knowledge. _____ (Initial here)

Please note:

- Funds are limited and awarded on a first come, first served basis to families with a complete application packet.
- Qualification for financial assistance does not guarantee your student a space in the program.
- Applications are processed in 10-14 working days.
- **Some programs may only be able to provide financial assistance when all adults in the household are currently employed.** (Kids Club, Early Learning Centers, and After Hours)

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

Please return or mail the completed application to:

Kyrene School District

Customer Service Center #14

8700 S. Kyrene Rd

Tempe, AZ 85284

Phone: 480-541-1500/Fax 480-541-1816

Hours: M-F 7:30am – 4:00pm

www.kyrene.org/communityed

