

Date Received: _____ Name of individual filling out this form: _____

Applications must include proof of income and accounts may not have a past due balance.

- Proof of income is attached including: Last two (2) paycheck stubs for every working adult in the household, child support, disability and/or social security.
- Copy of most recent 1040 Federal Tax Return; Pages 1 & 2. Applications without a tax return (for those who file) will not be processed. Check here if you are not required to file taxes. _____

If no proof of income or taxes, please provide an explanation: (you may attach a letter) _____

Parent and/or Guardian Information:

Guardian name: _____ Phone: _____

Address: _____
Street City State Zip

Place of employment: _____

Does this person reside with the student? _____

Monthly Income:

List the names and ages/grades 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. **Include yourself and all children. Number of people living in your household:** _____

Name (Last, First)	Age or Grade	Monthly Earnings from Work	Child Support, Alimony, other income (include documentation)	Total

The above stated information is current and correct to the best of my knowledge.

Parent/Guardian Signature

Date

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

Please check how you would like to be notified:

- Mail
- Email: _____

Qualifications for financial assistance does not guarantee your student a space in the program.

Please mail or e-mail the completed application to:

Kyrene District Office
Athletics Department **Attn:** Priscilla Chand
8700 South Kyrene Road Tempe, AZ 85284
Phone: 480-541-1501
Email: kap@kyrene.org

The Kyrene School District offers financial assistance for the following. Complete applications are processed on a first come, first served basis. Due to program restraints, the amount of assistance may vary by program. **A new application must be submitted for each Athletic season.**

Please check all that apply: (Refer to Financial Assistance Application Instructions and FAQ sheet to know how many individual programs you can choose).

Program	Child/Children	School	School Year
Middle School Athletics	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	<input type="checkbox"/> 23-24 School Year