

Date Received:	Name of individual filling out this form:				
Applications mus	st include proof of inco	me and accour	nts may not	have a past due balance.	
child support, disabili	ty and/or social securi	ty.		every working adult in th	
	1040 Federal Tax Retui ssed. Check here if yo	_		ns without a tax return (f	or those who
If no proof of income or taxes	s, please provide an ex	pianation: (you	may attacr	i a letter)	
Parent and/or Guardian Infor	mation:				
Guardian name:			one:		
Address:Street		Cit		State	Zip
Place of employment:			•		•
riace of employment.					
Does this person reside with t	the student?				
		lonthly Income			
List the names and ages/gra	, -	in your househ	old and all	income in the household	received last
	1 1				
month on the same line fo	•		•		r of people
month on the same line fo	living in your ho	usehold: Monthly Ear	nings from	Child Support,	r of people Total
	living in your ho	usehold:	nings from	Child Support, Alimony, other income (include	
	living in your ho	usehold: Monthly Ear	nings from	Child Support, Alimony, other income	
	living in your ho	usehold: Monthly Ear	nings from	Child Support, Alimony, other income (include	
	living in your ho	usehold: Monthly Ear	nings from	Child Support, Alimony, other income (include	
	living in your ho	usehold: Monthly Ear	nings from	Child Support, Alimony, other income (include	
	living in your ho	usehold: Monthly Ear	nings from	Child Support, Alimony, other income (include	
	living in your ho	usehold: Monthly Ear	nings from	Child Support, Alimony, other income (include	
	living in your ho	usehold: Monthly Ear	nings from	Child Support, Alimony, other income (include	
	living in your hot	Monthly Earl Wo	nings from	Child Support, Alimony, other income (include documentation)	
Name (Last, First)	living in your hot	Monthly Earl Wo	nings from	Child Support, Alimony, other income (include documentation)	
Name (Last, First)	living in your hot Age or Grade	Monthly Earl Wo	nings from	Child Support, Alimony, other income (include documentation)	
Name (Last, First) The above stated information	living in your hot Age or Grade is current and correct ian Signature	Monthly Earl Wo	nings from rk	Child Support, Alimony, other income (include documentation)	Total
Name (Last, First) The above stated information in Parent/Guard	is current and correct ian Signature g of the status of your	Monthly Earl Wo	nings from rk my knowled	Child Support, Alimony, other income (include documentation)	Total

Qualifications for financial assistance does not guarantee your

student a space in the program.

14620 S. Desert Foothills Parkway

Phoenix, AZ 85048 Phone: 480-541-1129 Email: kap@kyrene.org Hours: M-F 8:00am – 2:30pm 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	1	21-22 School Year