

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:** Lindsay Hightower  
 8700 South Kyrene Road Tempe, AZ 85284  
 Phone: 480-541-1257  
 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
<b>Middle School Athletics</b>	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	<input type="checkbox"/> 22-23 School Year