



Financial Assistance Application 2020-21 South Washington County Schools Community Education Youth Programs

Please submit this application with your registration form and a copy of your free or reduced school meals notification letter current for this school year. (Only one copy of the notification letter is necessary. If you have already submitted your family's letter to Community Ed this year, please indicate that it was submitted below.) Application and registration forms are available online at <https://ce.sowashco.org>

Please complete a separate application form for each registration form.

*****Due to the reduction/unavailability of financial assistance funds, we are unable to provide FA for private and semi-private lessons or classes. We are sorry for any inconvenience this may cause.**

➤ Financial Assistance MUST be requested ONE WEEK prior to the start of the class – Late applications may be denied.

- You must live within the boundaries of District #833 to qualify for financial assistance.
- Financial assistance does not cover the cost of uniforms. Uniforms must be paid for by the participants.
- If your family has been approved for free status then the cost for a class is \$15 or 25% of the program/class fee, whichever is greater.
- If your family has been approved for reduced status then the cost for a class is \$15 or 30% of the program/class fee, whichever is greater.
- District residents are eligible to apply for financial assistance up to total of **\$250 per participant** (For the fiscal school year July1-June30).
- All information will be kept confidential.
- **Financial Assistance cannot be processed on-line**

Please complete all information requested below.

Child's name _____

Address _____

City _____ State _____ Zip Code _____

School child currently attends _____ Grade _____

Parent/Guardian name _____

Day phone _____ Evening phone _____

Course number and program _____

Date program begins: _____

Free or Reduced Notification letter for 2020-21 is attached or was submitted to Community Ed.

Box below to be completed by CE office staff:

Total/Course Fee: \$ _____
Amount from Participant: \$ _____
Amount of Financial Assistance Awarded: \$ _____