



## Financial Assistance Application 2018-2019 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. (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 [www.cecool.com](http://www.cecool.com).

**Please complete a separate application form for each registration form.**

➤ **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 and return to District Program Center, 8400 E. Point Douglas Rd. S, Cottage Grove, MN 55016 or fax to 651-425-6620. Please call 651-425-6600 if you have any questions.

Child's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

School child currently attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Course number and program title: \_\_\_\_\_

Date program begins: \_\_\_\_\_

Free or  reduced notification letter for 2018-2019 is attached or was submitted to Community Ed.

**To be completed by CE office staff:**

Total/Course fee:	\$ _____
Amount from participant:	\$ _____
Amount of financial assistance awarded:	\$ _____