School_____ Student/s Name_____

2016-2017 ISSAQUAH SCHOOL DISTRICT -SCHOLARSHIP ELIGIBILITY APPLICATION
APPLICATION for Full or Partial Scholarships, Reduced Fees or Additional Services

If you qualify for free or reduced price lunch, you may qualify for: Scholarship
This is not an application for free or reduced price lunches.

The information that you give will be used to determine your child's eligibility for full or partial scholarships, reduced fees or additional services. Approval is based on an income chart provided by the U.S. Department of Agriculture (USDA).

PROOF OF ELIGIBILITY
The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive a full or partial scholarship, reduced fees or additional services.

RE-APPLICATION
You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive SNAP (Basic Food) or TANF, you may be eligible for benefits and may fill out an application at that time.

To Be Completed by Parent or Guardian:

Names of **Each** Household Members	Gross Monthly Earnings (Before deductions) Job 1	Job 2	Other Monthly Income (Welfare payment, Alimony, Social Security)	DSHS Snap (Basic Food) or TANF Case #
1				
2				
3				
4				
5				
6				
7				
8				
9				

Monthly income conversion: Weekly x 4.33; Every two weeks x 2.15; Twice a month x 2.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt scholarships, reduced fees or other services, and that school officials may verify the information on the application.

Signature of Adult Household Member:_____

Home Telephone Number: (____)_____ Date:_____

Cellular Telephone Number (_____)_____ Email Address:_____

Official use only:

Service_____ Amt $_____ Scholarship: Full_____Partial_____ Effective Date_____

Signature of Verifying Official_____Date_____