



Financial Assistance Application

Student Name: _____

Grade: _____ Years in Program: _____

Today's Date: _____

Name of Parent/Guardian: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Reason for requesting financial assistance:

Please check any of the following that apply:

_____ I/We currently utilize the tax credit program to benefit the band, our child's fair share or trip acct.

_____ I/We don't currently utilize the tax credit program, but are willing to send out tax credit donation drive letters to friends and family.

I/We have contributed to the Band/Guard program by volunteering for the following (describe activity):

Current balance on your student's Fair Share (CutTime) account: \$ _____

Amount you (Parent/Guardian) plan to fundraise: \$ _____

Amount you (Parent/Guardian) plan to pay through tax credits or payment: \$ _____

Total estimated funds requested: \$ _____



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Parent/Guardian Signature: _____