

PARKWAY OUTDOOR SCHOOL PROGRAM

Financial Assistance Application 2019-20

Please have applicant complete information below. Please print clearly:

STUDENT NAME _____
First MI Last

SCHOOL _____ **DATE OF CAMP or TEAM NAME:** _____

PARENT'S NAME: _____
First MI Last

STREET ADDRESS: _____
Street

City State Zip Code

EMAIL ADDRESS (print clearly): _____ Phone Number: _____

AMOUNT REQUESTED: Partial Scholarship (\$100) Other \$ _____ (\$100 max)
* Note: A \$50 good faith payment is required with application

COMMENTS (Please describe briefly the reason for financial assistance):

PARENT SIGNATURE: _____ Date: _____

APPLICANT STOP HERE!! DO NOT WRITE BELOW THIS LINE UNLESS YOU ARE SCHOOL PERSONNEL!!

Completed by School Personnel

Does the above student qualify for the FRL program? YES NO
Good faith payment (\$50) received with this application is: Attached Sent to Finance Dept.
 Not Collected

Recommended Not Recommended _____ OS School Leader
 Recommended Not Recommended _____ School Counselor
 Recommended Not Recommended _____ School Grade Level Principal

NOTE: Please make sure all of the signatures are present above before you send this form to the Outdoor School office at The Nines. This form has to be approved by the Outdoor School Coordinator before it can be forwarded to Finance dept.

Completed by District Coordinator

AMOUNT APPROVED: Partial Aid (\$100) Other \$ _____ Not Approved

BALANCE OF: \$ _____ TO BE PAID BY _____ IN _____ PAYMENT(S)
Date #

OS School Director Date