

FINANCIAL SUPPORT APPLICATION

NORTH VALLEYS HIGH SCHOOL

Please fill out one form PER STUDENT

Family Information

Student Name: _____ Student ID# _____

Address: _____

Primary Phone: _____ Cell Phone: _____

Financial Need

Financial need is determined based on the income levels used for the Free & Reduced Lunch program, as well as extenuating circumstances.

Size of Household	Annual Income
1	22,459
2	30,451
3	38,443
4	46,435
5	54,427
6	62,419
7	70,411
8	78,403

You may apply for this program if you are not a US Citizen. You must reapply each year.

If your household income changes during the year, you may reapply. If you have further questions please follow the link.

<https://www.federalregister.gov/documents/2018/05/08/2018-0969/child-nutrition-programs-income-eligibility-guidelines>



My student is currently on Free and Reduced Lunch Program. YES ___ NO ___

If no, do you believe that your family would qualify for this program? YES ___ NO ___

Note: If you do not qualify for the FRL program, we may have other funding options available. The only way to guarantee assistance is through Free and Reduced Lunch.

Circumstances: On a separate sheet of paper, please provide further information that might help us understand any circumstances affecting your family. This will assist us in determining what support we may be able to provide.

Type of Assistance Needed Circle all that apply

Lab/Class Fees Test Fees: AP/PSAT/AAPPL/CTE cert Extra Curricular Other: _____

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____