## FWAFA Application for Student Fee Waiver

SECTION ONE:			
Campus Name:	School Year:		
Student Name:	ID Number:		
Student Address:			
	-	lent fee(s) on behalf of my child:	
SECTION TWO:			
I understand that this reque		igibility for the Free or Reduced L FWAFA after August 1st of each yea	
I, parent of	(student's na	ame)	
☐ Do give (skip to secti	ion four)		
☐ Do NOT give (continu	nue to section three)		
for determination of eligibiliapplication will not affect my	ity for waiver of the stu y child's eligibility for fr	bility status for the Free or Reduced I dent fee(s) described above. I under ee or reduced price meals, and this in Il not be shared with any other entity	rstand that this nformation will
SECTION THREE: You are not required to pr able to approve your applic		ormation. However, if you do not v	we may not be
art 1. all household members			
ames of <u>all</u> household members irst, Middle Initial, Last)	Name of school for each child/or indicate "NA" if child is not in school	Check if a foster child (legal responsibility of welfare agency or court)	Check if NO income
	1	1 I	1 1 1

Part 2. BENEFITS  If any member of your household rece person who receives benefits and skip				ımber for the	
name:		Cas	se number:		
Part 3. Total Household Gross Income.  1. Name	. You must tell us how much	and how often.			
(List only household members with	2. Gross income and how often it was received				
income)	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income	
(Example) Jane Smith	\$199.99/weekly	\$149.99/every other week	\$ <u>99.99/monthly</u>	\$ <u>50.00/monthly</u>	
(LAGIIIPIE) Julie SIIIIII	\$	\$	\$/	\$	
	\$/_	\$	\$/_	\$/	
	\$/	\$	\$/	\$/	
	\$	\$/	\$/	\$/	
	\$/	\$/	\$/	\$/	
	\$	\$/	\$/	\$/	
SECTION FOUR:  I certify that all informa reported.  If approved, I accept full fowned or issued equipment.  Parent Name (printed)	financial responsibilit				
Parent Signature			<b>D</b> ate		

## For School Use Only

Camp	us Name: Scho	ooi year:
Stude	nt Name:	ID Number:
Your	request for a fee waiver for your child has been:	
	Approved	
	Disapproved	
-	r application has been disapproved and you wish to disontact the Executive Director to request a meeting.	scuss any concerns about the decision, you
Execu	tive Director or Designee	 Date