SAHUARO SUMMER SCHOOL
FINANCIAL AID SCHOLARSHIP APPLICATION
(CONFIDENTIAL)

NAME_____**DATE OF BIRTH**_____**MATRIC**_____
LAST FIRST MIDDLE INITIAL

SUBJECT(S) you wish to take in Summer School:

1st. session_____

2nd session_____

PLEASE CHECK ONE: ☐ **CREDIT RECOVERY** ☐ **ACCELERATION** ☐ **OTHER**

Any funds received can only be used at Sahuaro High Summer School.
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QUALIFICATION FOR FINANCIAL AID
Are you or your family receiving any of the following services:

1. _____Free or Reduced school lunch:

2. _____DES Family Assistance? If yes, what kind?
   a. _____Food Stamps
   b. _____Monthly Checks
   c._____Other_____

3._____Supplemental Social Security (SSI):

4._____AHCCS:

Please give a brief statement why you are in need of this scholarship for Summer School. Attach a separate page if needed.

_____
_____
_____
_____
_____
_____

_____ _____ _____ _____
Student Signature **Date** **Parent/Legal Guardian Signature** **Date**
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OFFICIAL USE ONLY

Attendance: _____
Behavior: _____
Scholarships: **Approved**_____ **Denied**_____

Coordinator Signature_____ **Date**_____