

Samohi Grad Nite 2009

Application for Financial Aid

Complete this application, including the Teacher Recommendation and return to the Activities Office-Grad Nite Box no later than Friday, April 3, 2009.

Name: _____ Student ID: _____

Address: _____

Phone Number: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: Day: _____ Night: _____

How much of the ticket price of \$100 can you afford to pay? \$ _____

- I have qualified for the school's free/reduced lunch program.
- I have NOT qualified for the school's free/reduced lunch program but I need financial assistance because (please provide a brief explanation):
- I understand that I will be expected to perform community service.

Student Signature Parent/Guardian Signature Date

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TEACHER RECOMMENDATION

Dear Teacher,
This student has applied for financial assistance to help pay for GRAD NITE. A teacher recommendation is needed for eligibility. If you feel that this student has demonstrated the attitude and initiative that makes them deserving of this aid, please sign below.

Teacher Name (Print) Teacher Signature Date

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Activities Office Use Only:			
Recommendation:			
_____ Free/Reduced Lunch Program	_____ Detentions	_____ Textbooks	_____ Library