

# Samohi Grad Nite 2020

## Application for Financial Aid

Please complete this application and return to Ms. Forrer (i311) no later than **May 8, 2020**. Please check in with Ms. Forrer to confirm your application has been approved and pick up the Financial Aid contract. Please sign and return the Financial Aid contract to Ms. Forrer as soon as possible.

After turning in your Financial Aid contract, please fill out the yellow Grad Nite ticket form (available in Activities office or the school website) and put in the Grad Nite Box in the Activities Office along with your payment. Be sure to circle Financial Aid on the ticket order form.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Amount you can afford to pay? \$ \_\_\_\_\_

### Please read and check all that apply:

- I have qualified for the school's free/reduced lunch program and I give permission for the Grad Nite financial aid administrator to access my lunch program status.
- I have NOT qualified for the school's free/reduced lunch program but I need financial assistance because (please provide a brief explanation on back of this form).
- I understand that I will be expected to perform community service (initial \_\_\_\_\_).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### 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

#### Activities Office Use Only:

Recommendation:

\_\_\_\_ Free/Reduced Lunch Program

\_\_\_\_ Detentions

\_\_\_\_ Textbooks

\_\_\_\_ Library