



SPA Application for Financial Assistance

Name of Student _____

Parent/Guardian Name _____

Address _____

Telephone Number _____

Email Address (optional) _____

Do you qualify for free/reduced meals? (circle one) YES NO

Please describe why you are applying for financial assistance:

I hereby certify that all of the information furnished above is true and correct to the best of my knowledge.

Signature of parent/guardian

Date

The information you give on this application is confidential and will be used only for the purpose of determining eligibility for financial assistance for the SPA program.