

CONFIDENTIAL

APPLICATION FOR FINANCIAL ASSISTANCE FOR CLASS TRIPS

Name of person completing form: _____

Address: _____

Home Telephone Number: _____ Work Number: _____

Name and Grade of Student Requesting Assistance:

Name: _____ Grade: _____

FAMILY INFORMATION:

Dependent Children's Names:

Last Name	First Name	Grade	Age

(OVER)

FAMILY MEMBERS AND MONTHLY INCOME FROM ALL SOURCES:

- Gross monthly earnings before deductions
- Monthly welfare payments, child support, pensions, Social Security, etc.
- Any other monthly income

Family Member	Occupation	Monthly Income

Total Monthly Income: _____

SPECIAL CONSIDERATIONS: (i.e. unusual expenses, family circumstances, illnesses, injury, etc.)

I understand, before I sign, that students requesting financial assistance for the Washington, D.C. trip, must participate in the fundraising activity before being considered for assistance.

Signature: _____

Date: _____