

# Beyond the Bell Financial Assistance Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian's Employer: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

**Instructions:** Please complete the following information to be considered for financial assistance. If you receive free or reduced school lunches, you may attach a copy of the determination letter from the Sioux City Community School district for the current school year and do not have to fill out the rest of the form.

Names of Others Living in Your Household	DOB	Relationship	School/Employer

**The Beyond the Bell program requires that proof of income be included with this form. Your child will not be enrolled until this documentation is received.** Please attach a check stub, last year's W-2 form, court decision form showing amount you receive for food stamps or child support, etc. Please understand that such information is considered highly confidential. We will use it only to determine the amount you will pay for this program and it will not be released to outside parties.

Monthly Income (for all who contribute to household expenses... not just the person filling out this form)	Amount
Wages (before taxes)	\$
Unemployment	\$
Food Stamps	\$
Child Support/Alimony	\$
Social Security FIP/SSI	\$
Scholarships (for college or other education)	\$
Other: Please explain	\$
<b>Total Income</b>	\$

**Beyond the Bell programs used:** AM    PM    Both    (circle one)

I verify that all above information is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_