Fort Worth Academy of Fine Arts Application for Student Fee Waiver

SECTION ONE:			
School Year:			
Student Name:			
Student Address:			
I am requesting that FWAFA	waive the following stud	lent fee(s) on behalf of my child:	
Fee Description(s) & Amount	z(s):		
SECTION TWO:			
		gibility for the Free or Reduced L FWAFA after August 1st of each yea	
I, parent/guardian of		(student's name)	
☐ Do give (skip to secti	on four)		
☐ Do NOT give (contin	ue to section three)		
for determination of eligibili application will not affect my	ty for waiver of the stu child's eligibility for fr	bility status for the Free or Reduced I dent fee(s) described above. I under ee or reduced price meals, and this in Il not be shared with any other entity	rstand that this aformation will
SECTION THREE: You are not required to proable to approve your applications.	0	rmation. However, if you do not v	ve may not be
art 1. All household members			
ames of <u>all</u> household members First, Middle Initial, Last)	Name of school for each child/or indicate "NA" if child is not in school	Check if a foster child (legal responsibility of welfare agency or court)	Check if NO income

Part 2. BENEFITS If any member of your household receivers benefits and skip and ski			e name and case nu	ımber for the	
Part 3. Total Household Gross Income.	You must tell us how much	and how often.			
1. Name	2 Coope in some and how often it was received				
(List only household members with income)	2. Gross income and how often it was received Pensions,				
income)	Earnings From Work before deductions	Welfare, child support, alimony	retirement, Social Security, SSI, VA benefits	All Other Income	
(Example) Jane Smith	\$ <u>199.99/weekly</u>	\$149.99/every other week	\$ <u>99.99/monthly</u>	\$50.00/monthly	
	\$/_	\$/_	\$/	\$/	
	\$/_	\$/_	\$/	\$/	
	\$/	\$/	\$/	\$/	
	\$/	\$	\$/	\$/	
	\$/_	\$/	\$/	\$/	
	\$/	\$/	\$/	\$/	
SECTION FOUR: I certify that all informat reported. If approved, I accept full frowned or issued equipment Parent Name (printed)	inancial responsibilit	, ,	· • · · · ·		
Parent Signature			Oate		

Fort Worth Academy of Fine Arts For School Use Only

School	Year:	
Studen	t Name:	
Your r	equest for a fee waiver for your child has been:	
	Approved	
	Disapproved	
•	application has been disapproved and you wish to discuss any ontact the Executive Director to request a meeting.	concerns about the decision, you
Execut	ive Director or Designee	Date