Texas School of the Arts Application for Student Fee Waiver

SECTION ONE:			
School Year:			
Student Name:			
Student Address:			
I am requesting that TeSA w	raive the following studen	t fee(s) on behalf of my child:	
Fee Description(s) & Amoun	nt(s):		
1			
SECTION TWO:			
You are not required to prable to approve your applications.		rmation. However, if you do not v	ve may not be
art 1. All household members	cution for warver for sea	uent rees.	
ames of <u>all</u> household members irst, 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
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Part 2. BENEFITS If any member of your household rece person who receives benefits and skip			e name and case no	umber for the	
Name:		Ca	se number:		
Part 3. Total Household Gross Income. !. Name	You must tell us how much	and how often.			
List only household members with	2. Gross income and how often it was received				
ncome)	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, 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>	\$ <u>50.00/monthly</u>	
Example, suite simin	\$/ \$/	\$/_ \$/	\$ \$	\$/_ 	
	\$J	\$/	\$/	\$/	
	\$/	\$/	\$/	\$/	
	\$J	\$/	\$/_	\$/	
	\$/	\$/	\$/	\$/	
SECTION THREE: I certify that all informa reported. If approved, I accept full fowned or issued equipment. Parent Name (printed)	inancial responsibilit		-		
Parent Signature			Date		

Texas School of the Arts For School Use Only

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