Request for Financial Support 2017-2018

Families who require financial support can request support in 2 ways:
  A.   A payment plan that extends past mid-September but no later than November 30th
  B.   Full or partial fee waiver for families in extreme financial need.
  This form along with the bus pass application is to be returned to the Transportation Department for consideration.

Name of Student(s):

1._____   _____   3._____   _____
  Last Name (please print)   First Name (please print)   Last Name (please print)   First Name (please print)

2._____   _____   4._____   _____
  Last Name (please print)   First Name (please print)   Last Name (please print)   First Name (please print)

Applicant (Parent/guardian):   I am applying for: A. Payment Plan ☐   B. Partial Waiver ☐   Full Waiver ☐

_____   _____   _____
Parent / Guardian (Please Print)   Signature   Date

A.   Payment plan that extends past mid-September will be considered on a case by case basis. If approved, default
   on the payment plan will result in revoking the bus pass.

Payment plan for eligible rider ($75/year/rider):   Payment plan for courtesy rider ($125/year/rider):

  Sept. 15 $25.00 X _____   PD ☐   Sept. 15 $40.00 X _____   PD ☐

  Oct.   31 $25.00 X _____   PD ☐   Oct.   31 $40.00 X _____   PD ☐

  Nov. 30 $25.00 X _____   PD ☐   Nov. 30 $45.00 X _____   PD ☐

B.   Requests for a waiver will be considered on a case by case basis and all requests for a waiver (full or partial) must
   have a copy of the applicants 2016 Income Tax Assessment attached along with the following information:

  • Do you live with a spouse/partner/other adult :   Yes ☐   No ☐ _____

       If yes, you must attach a copy of that person's 2016 Income Tax Assessment.

  • If a partial waiver was provided, what amount would you be able to afford? $_____ / child

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OFFICE USE ONLY

2016 Income Tax document(s) provided: Yes ☐   No ☐   _____

Approved for: **A.** Payment Plan (details above) ☐   **B.** Partial Waiver ☐ $ _____   Full Waiver ☐ $ _____

Additional Details: _____

_____

Approved by: _____   Date: _____