

Roosevelt High School Waiver/Financial Aid Request Form

Directions: Complete the form below indicating all requests for waivers/financial aid.

Student Name: _____

Grade: _____

Student Ethnicity: _____

Date: _____

Indicate Financial Need:

- Free Lunch form on File/Access box checked (100% discount)
- Reduced Lunch Form on File/Access box checked (80% discount)
- Other (Please use the back of this form to outline the circumstances behind your request.)

Class Lab/Materials Fee

Class	Fee \$

Requested

Approved

\$ _____

\$ _____

Field Trip (see back for more details)

\$ _____

\$ _____

ASB Card (max of \$25.00)

\$ _____

\$ _____

Pay for Play (must complete separate form)

\$ _____

\$ _____

Senior Pictures (sitting fee only)

\$ _____

\$ _____

Cap and Gown (this is a loan, not purchase)

\$ _____

\$ _____

Total Request \$ _____

Total Approved \$ _____

Student Owes \$ _____

Student Signature _____

Counselor Signature _____