



Foundation Application For Students

Name of Student: _____

Age of Student: _____ Grade: _____ School Student Attends: _____

Is the student on the free and/or reduced lunch program? _____ Yes _____ No

Explanation of Student needs:

Name of Mother/Guardian:

Parent Occupation: _____ Place of Employment: _____

Name of Father/Guardian:

Parent Occupation: _____ Place of Employment: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell phone: _____

Income of Parents/Guardians: _____

Amount the parents/guardians can contribute to costs/fees to the student's program? _____

Explanation for financial needs with costs/fees:
