
Financial Information

Total Monthly Income: _____

Total Monthly Expense: _____

Reason for Financial Assistance Request (fill in below, or attach letter):

Verification of Information

I certify that the above information is true and complete to the best of my knowledge

Parent/Guardian Name: _____ Date: _____

Signature: _____

Board Disposition (For CYB Use Only)

Approved: Yes: _____ No: _____

Approval Level: _____

If not approved, reason:

VP Administration: _____

Name

Signature
