



Grand Haven Area Public Schools

2017-18

FINANCIAL AID APPLICATION

All information listed on this application is confidential and the privacy of the applicant will be strictly observed. The Athletic Office will notify you by phone once application has been reviewed. This form **MUST** be filled out in its entirety.

NAME OF STUDENT: _____ **GRADE:** _____

SCHOOL: (Circle one) **HIGH SCHOOL** **LAKESHORE**

SPORT: Girls / Boys **FALL / WINTER / SPRING**
(Circle one) (Circle one)

REDUCED LUNCH STUDENTS PAY \$30.00 Facility Fee & \$30 for Insurance = \$60.00
FREE LUNCH STUDENTS PAY \$15.00 Facility Fee & \$30 for Insurance = \$45.00

NAME OF PARENT(S)/GUARDIAN(S): _____

ADDRESS: _____ **PHONE:** _____

CITY/ZIP: _____

Total gross household monthly income from all sources including Public Assistance,
\$ _____/month Number of family members _____

I certify that all of the above information is true and correct to the best of my knowledge:

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Any questions regarding this application should be directed to the H.S. Athletic Office (616) 850.6030.

DO NOT WRITE BELOW THIS LINE

SCHOOL ACTION:

APPROVED ___ **NOT APPROVED** ___ **FINANCIAL AID AMOUNT:** _____

SIGNATURE: _____ **DATE:** _____