



PHONE (520) 352-5833 ♦ FAX (520) 254-6855 ♦ WWW.PIMAJTED.ORG

Central Campus Student Request for Fee Assistance

School Year: 2017-2018

- 1) Please **DO NOT COMPLETE THIS FORM unless you have been placed and received confirmation!**
- 2) Students requesting assistance for JTED program fees **MUST** complete this form.
- 3) Students eligible for 50% or 25% fee waivers are expected to pay their balance **PRIOR** to the start of classes.
- 4) Return the completed form to your assigned JTED Central Campus Counselor for review.

Student Name: _____ Date: _____

Home High School: _____ Grade Level: _____

Phone #: _____ Email: _____

Campus: _____ Program: _____ Instructor: _____

The signature below indicates that the signer "certifies (promises) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Pima JTED funds, and that determining officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable Local, State and Federal laws."

Student's Parent/Guardian Signature

Date

Full amount of program fee: \$ _____ Amount Due: _____ Date you can pay: _____

of people living in your household: _____ Monthly Household Income: \$ _____

JTED STAFF USE ONLY

Is student Free/Reduced Meals eligible?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is student homeless, or in transition?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is student receiving services via McKinney-Vento?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the student enrolled in Youth On Their Own?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the student/family receiving DES services?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the student requesting assistance with bus passes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does student have any other transportation options?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Request for Assistance APPROVED DENIED

If APPROVED, amount of fee waived: 100% 50% 25%

JTED Staff Signature: _____

Date: _____