



**City of Tualatin G.R.E.A.T.
Summer Program Financial Aid Application**

PLEASE PRINT

| | | |
|---|--|------|
| Student/Participant's Name: Last, First MI | | DOB: |
| Street Address: | | |
| City, State, ZIP Code: | | |
| Home Phone: | E Mail: | |
| School Attended LAST year: | Last Grade Completed: Circle One. <div style="text-align: center; margin-top: 5px;">5th 6th 7th 8th</div> | |
| Name of Parent/Guardian Completing Application. | | |

When you submit your application, pay whatever portion of the registration fee you can afford, and indicate the aid amount requested (per session): Please Circle One.

Full (\$60) Partial (\$50) Partial (\$40) Partial (\$30) Partial (\$20)

During the last school year, was your student enrolled in the Free/Reduced Lunch Program?

☐ YES

☐ NO

Do you give the Tualatin Police Department permission to verify this information with the Tigard-Tualatin School District?

☐ YES

☐ NO

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY

Monies submitted with Application: _____

☐ Denied ☐ Approved Aid Amount Awarded: _____

☐ Applicant Notified Date: _____