

IDA PUBLIC SCHOOLS

Extra-Curricular Activity Participation Fee Scholarship Application



A separate application must be submitted for each student and each activity.

Qualification will be based upon the current USDA free and reduced lunch guidelines. All information provided is confidential. The privacy of the applicant is strictly observed.

Name of Student		Building		
Activity/Sport	Year/Season	/ 🗖 Fall	□ Win	ter
Total household's mont l wages, Social Security, l	hly income from all source. Public Assistance, etc.	ces including		
Total number of persons	in the household			
I verify that the above	information is correct to	the best of n	ıy knowle	edge.
Signature of Par	Signature of Parent or Guardian			Date
	DETERMINATION O	F QUALIFI	CATION	<u>N</u>
Approved F	Cull Approved P	Partial 🗖	Not A	Approved
0	ding Administrator		Date	
	PARENT NO			
Name of Student			_	
Activity/Sport	Year/Season		□ Fall	☐ Winter ☐ Spring
Approved Full (No Fee)	Approved Part High School Middle School	\$25.00		Not Approved
 Signature of Buil	ding Administrator		Date	

(Questions regarding this application should be directed to the appropriate building administrator.)