



School Year 2016-2017
Educational Enrichment Foundation
Interscholastic Participation Fee Assistance
Application

FOR EEF USE ONLY	
Application Number:	_____
APPROVED?	
<input type="checkbox"/> YES	Amount: _____
<input type="checkbox"/> NO	Reason: _____

PLEASE TYPE OR PRINT LEGIBLY. Complete ALL sections, leaving no blanks. Incomplete applications will not be considered. Students must meet eligibility requirements. TUSD high school students may receive EEF fee assistance for up to two interscholastic activities per school year, if funding is available. Additional program information is available on EEF's website (<http://eefucson.org/>).

Student's Full Name: _____

Home Address: _____ Zip: _____

Primary Phone Number: _____ Student's Cell Parent's Cell Home (Landline) Other: _____

Alternate Phone Number: _____ Student's Cell Parent's Cell Home (Landline) Other: _____

Email Address: _____ Student's Email Parent's Email Other: _____

Gender: Male Female Date of birth: _____ Grade: Freshman Sophomore Junior Senior

High School: Catalina Cholla Palo Verde Pueblo Rincon Sabino Sahuaro Santa Rita Tucson High UHS

This application is for which interscholastic athletic or fine arts activity listed below? Please check ONLY ONE ACTIVITY. Use a separate Fee Assistance Application for each activity.

- Band Baseball Basketball Chess Choir Color Guard Cross Country Culinary Arts Dance DECA Drama
 Drums FBLA Folklorico Football Golf Mariachi MESA Mock Trial Orchestra SkillsUSA Softball Soccer
 Spirit Line/Pom/Cheer Swimming Tennis Theatre Track Volleyball Wrestling Other: _____

How many people reside in your home (including yourself, parents, step-parents, grandparents, brothers, sisters and ALL others)? _____

What is the total gross (pre-tax) ANNUAL family/household income for all those residing in your home? Please include INCOME FROM ALL SOURCES including part-time and full-time salaries, Social Security, unemployment, TANF/AFDC, food stamps/SNAP, DES cash assistance, pensions/retirement, commissions, tips, child support, alimony, etc. Verification of income may be required.

Describe any special circumstances EEF should know about when considering your application:

By signing below, I acknowledge that I am currently eligible to participate in the activity checked above and that I will notify EEF of any changes in the status of my interscholastic enrollment/activity. If I receive interscholastic participation fee assistance from EEF, I agree that I will maintain a minimum GPA of 2.50 or better and attend classes regularly to maintain good attendance. I understand that these are requirements of the EEF Interscholastic Participation Fee Assistance Program. I understand that, if I am a student who graduates from a TUSD high school this school year, I will be contacted by EEF shortly after graduation and that I am required to inform EEF if I have plans to attend college, what those plans are and if I have been awarded any college scholarships.

Student's Name (PRINT): _____ Signature: _____ Date: _____

Parent's Name (PRINT): _____ Signature: _____ Date: _____

VOLUNTARY STUDENT DISCLOSURE: The following information will NOT be used to determine your eligibility for EEF Interscholastic Participation Fee Assistance. Your disclosure is voluntary. All information collected is strictly confidential. The information disclosed by you and other students enables EEF to provide detailed, accurate and anonymous student participation data in order to meet program reporting requirements. Your responses will help support EEF's efforts to secure future funding for the Interscholastic Participation Fee Assistance Program. Thank you for your participation.

PLEASE CHECK ALL THAT APPLY:

- | | | |
|---|---|---|
| <input type="checkbox"/> I live in a single parent home. | <input type="checkbox"/> I moved to Tucson within the last 12 months. | <input type="checkbox"/> I have a serious medical condition. |
| <input type="checkbox"/> My grandparent(s) is(are) my guardian(s). | <input type="checkbox"/> I am a refugee. | <input type="checkbox"/> One or both of my parents/guardians is/are disabled. |
| <input type="checkbox"/> I currently live in foster care or in a group home. | <input type="checkbox"/> One or both of my parents/guardians was/were laid-off in the last 12 months. | <input type="checkbox"/> One or both of my parents is/are deceased. |
| <input type="checkbox"/> I am homeless / McKinney-Vento / "Youth-On-Their-Own". | <input type="checkbox"/> I work part-time to help support my household. | <input type="checkbox"/> I have a parent who is incarcerated. |

***** VERIFICATION: TO BE COMPLETED BY TUSD SCHOOL SITE REPRESENTATIVE (Principal, Assistant Principal, Athletic Director, Finance Manager, Activities Assistant, etc.)*****

Return completed application to: EEF, 3809 E Third St., Tucson, AZ 85716, 520-325-8688 Phone, 520-325-8579 Fax, info@eefucson.org, <http://eefucson.org>

- Student's Current GPA (REQUIRED): _____
- Student is academically eligible for the activity checked above: Yes No, explain below.
- Number of Unexcused Class Absences this School Year: _____
- Student qualifies for (check one) FREE or REDUCED meal assistance.
- Describe any special circumstances EEF should consider when reviewing this application. Include detailed information about excessive unexcused absences, discipline concerns/issues, etc.

Print Name: _____ Title: _____

Signature: _____ Date: _____