



School Year 2017-2018
Educational Enrichment Foundation
Interscholastic Participation Fee Assistance
Application for TUSD High School Students



FOR EEF USE ONLY	
Application #:	_____
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 at online at <http://eeftucson.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 (9) Sophomore (10) Junior (11) Senior (12)

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

What is your athletic or fine arts activity? Please name ONLY ONE activity. Use separate application forms for each activity.

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:

PARENT/GUARDIAN ACKNOWLEDGEMENT: I certify that the information provided on this application is true and correct to the best of my knowledge and that my child is currently eligible to participate in the activity named above. I agree to promptly notify EEF of any changes in the status of my child's interscholastic enrollment/activity.

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

STUDENT ACKNOWLEDGEMENT: I understand that EEF's Interscholastic Participation Fee Assistance Program is an "academic achievement" program which encourages student success. Therefore, I agree that I will maintain a GPA of 2.50 or better and that I will attend classes regularly to maintain good attendance. I acknowledge that, if I graduate from a TUSD high school this school year, I will be contacted by EEF shortly after graduation to provide feedback.

Student'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. All information collected is strictly confidential. 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@eeftucson.org <http://eeftucson.org/>

1. Student's Current GPA (REQUIRED): _____ 2. Student is academically eligible for the activity checked above: Yes No, explain below.

3. Number of Unexcused Class Absences this School Year: _____ 4. Student qualifies for (check one) FREE or REDUCED meal assistance.

5. 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: _____