



## Financial Aid Application

North Beach Elementary PTA will offer financial assistance for after school enrichment activities and events, covering up to 100% of needs. Please complete this application so the PTA can consider your request. All information is strictly confidential. Selection and award of financial aid will be based on need, funds available, and the order applications are received. Please return this application to the PTA by email to: [president@northbeachpta.org](mailto:president@northbeachpta.org) and [treasurer@northbeachpta.org](mailto:treasurer@northbeachpta.org).

### General Information:

Parent/Guardian Name: \_\_\_\_\_

Student's name/Nickname: \_\_\_\_\_

Email: \_\_\_\_\_

Address:  
\_\_\_\_\_

Phone:  
\_\_\_\_\_

What event or program you are applying for:  
\_\_\_\_\_

Program fee: \_\_\_\_\_

How much of the fee are you requesting (circle one): 100%    50%    25%    Other: \_\_\_\_\_

Is your student part of the free or reduced lunch program? Yes/ No

---

Signature of Parent/Guardian

Date

*If applying for financial aid for Enrichment, please see the reverse.*

## **Enrichment Information**

If you are applying for financial aid for Enrichment, please complete the below information.

Student's birthday: \_\_\_\_\_

Student's grade and teacher:

\_\_\_\_\_

### **Emergency contact information:**

Emergency Contact Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

### **Medical Information:**

Any allergies, special needs, dietary restrictions, physical restrictions or other (circle one): Yes    No

If yes, please specify:

\_\_\_\_\_

\_\_\_\_\_

—

### **Additional People Authorized to Pick Up:**

Name:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Name:

\_\_\_\_\_

Relationship:

---

Phone:

---

**How Will This Student Get Home? Please select one:**

- An authorized adult will pick up child
- The child is 8 or over and has permission to walk home

---

Signature of Parent/Guardian

Date