

STROUDSBURG AREA SCHOOL DISTRICT

REQUEST FOR FINANCIAL ASSISTANCE

A request for financial assistance with the Standardized Dress Policy based on need shall be considered on completion and submission of the accompanying form. This form must be submitted to the Superintendent within five (5) calendar days of receipt to be considered for assistance. If eligible for assistance, the student is required to be in compliance with the Standardized Dress Policy within seven (7) calendar days.

Stroudsburg Area School District, in partnering with a number of vendors, will provide subsidy/vouchers at a discounted rate for those eligible.

The signature below denotes receipt of a copy of the Standardized Dress Policy and the request for financial assistance form.

Parent/Guardian Signature

Date

Date Issued _____

**STROUDSBURG AREA SCHOOL DISTRICT
REQUEST FOR FINANCIAL ASSISTANCE**

Student's Last Name	First	Grade/School
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Parent's Name	Phone Number
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Mailing Address	City	State	Zip Code
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Directions: Complete information requested below reflecting economic status and attach your most recent income tax return.

PART A: Food Stamp or TANF Cash Assistance Number

____ - _____

Enter the 9 digit case number assigned by the County Assistance Office
(If you entered a case number, skip to Part C)

PART B: Taxable and Non-Taxable Sources of Family Monthly Income

Name of Household Member	Source of Income	Weekly	Bi-Weekly	Monthly	Yearly
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

Total number of household members _____

PART C:

I certify that the information provided by me is true and accurate. Further, I consent to allowing the Stroudsburg Area School District to verify this information with any and all employers and/or agencies.

Parent's Signature _____ Date _____