

**Madeira City Schools
Athletic Fee Subsidy Application
(Confidential Document)**

STUDENT INFORMATION * One form per Student

Student Applicant's Name _____ Grade _____
Street/Mailing Address _____
City _____ Zip Code _____ Telephone _____ (mandatory)

SPORTS

Fee-\$155 HS / Fee-\$95 MS

(List all you intend to participate in)

ACTIVITIES

(Check all you intend to participate in)

Drama _____
Chorus _____
Band _____
Color Guard _____
Other _____

The number of student athletes in your household participating in interscholastic athletics this season. _____

Amount of subsidy requested not to exceed \$155. \$ _____

HEAD OF HOUSEHOLD INFORMATION

How many members live in your household? _____

Do you receive Aid to Dependent Children (ADC) Benefits? ____ Yes ____ No

Do you receive Social Security Disability Income Benefits? ____ Yes ____ No

Does your child receive Free or Reduced Lunch? (If YES, circle one.) ____ Yes ____ No

Have your child's school fees been waived? ____ Yes ____ No

**Answering No to these questions will not disqualify your child from being eligible to receive a subsidy.*

Answer one of the following two financial questions:

The total annual income of my household is: _____

The total monthly income of my household is: _____

Conversion to monthly income: weekly X 4.33; every two weeks X 2.15; twice monthly X 2.0

Are there any conditions that are presently causing financial hardship to your household?
Please attach explanation.

I certify that the information contained above is true and accurate.

Signature _____ Date _____
(Head of Household)

Return this application to the athletic department by **7/31/22** to make sure it is processed in time. You will be notified if you are to receive a subsidy. Use a sealed envelope for confidentiality.