



ATHLETICS FEE ASSISTANCE REQUEST FORM

Date: _____

Requested Assistance:

- Athletic Fees Field Trip Fees
- Testing Fees (College Prep) Transportation Fees
- Other Classroom Fees (ex. Instrument Rental)

Grade of Student: _____ Number of Years at CFS: _____

Student Name: _____

Parent/Guardian Name: _____

Total Fees Due: _____ Requested Assistance: _____

Please provide an explanation for the request for assistance:

Please give a brief description of how the fee assistance will enhance your academic experience:

How do you plan to enhance the environment at CFS through this assistance:

Information for Grant Tracking Purposes

Student Ethnicity:

- Native American Alaskan American Asian/Asian American
- Pacific Islander Mexican American Latino/Hispanic
- African American Caucasian Russian/Ukranian
- Middle Eastern Other: _____ Unknown
- Choose not to disclose

For Internal Office Use

Decision:

Approved for: \$ _____

Unable to Approve: (reason) _____

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

Christian Faith School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded to CFS students. CFS does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarships or athletic and other school administered programs.