



Confidential Application for Fee Assistance

Section 1 – Applicant Name:

Name of parent/guardian if applicant is under 18 years of age:

Section 2 – Address and Contact Information

Address: _____

City: _____

Postal Code: _____

Home Phone: _____

Cell Phone: _____

Section 3 – Programs of Interest

Please indicate the program(s) of interest requiring Fee Assistance.

Section 4 -- Reason

Please indicate the reason for your request for assistance (eg. Employment issues, family or financial situation, etc.)
