



Evergreen Financial Assistance Request Form

Today's Date _____

Parent or Guardian Information		
Name:	Phone:	
Current Address:		
City:	State:	Zip:
email:		

Evergreen Student Information		
Student Name	Grade	Teacher
1.		
2.		
3.		
4.		

2nd Parent or Guardian Information		
Name:	Phone:	
Current Address:		
City:	State:	Zip:
email:		

Financial Information		
Information	Parent or Guardian	2nd Parent or Guardian
Annual Income		
Expenses		
Net Income		
Number of Children in Household?		
If Split Household Indicate % Each Pays		

PLEASE ATTACH 1ST TWO PAGES OF YOUR 2022 FILED TAX RETURN OR LAST TWO MONTHS OF PAY STUBS



Estimate of What You Can Provide

Please list the percent of cost you can realistically pay for each student and category

Student	Field Work	EverAfter	Before School	Classroom Supplies

Other Information: Is there anything else we should know when reviewing your request?

I (We) declare that the information is true and complete.

I (WE) have enclosed a copy of the first page of the most recent filed income tax return OR the last two months of pay stubs. I acknowledge that if I am offered and accept Financial Assistance, I understand that my portion of the cost must be paid on time and my account must be kept current UNLESS I have made arrangements with the business office for a payment plan.

Parent Name _____

Signature _____

Date: _____

Parent Name _____

Signature _____

Date: _____