

Student Financial Aid Application

Teachers, use this form to determine individual student needs. This does not need to be sent to Tremont but is for your use only. Copy as needed.

To be filled out by the parent

Why is the student in need of financial assistance?

Total cost of trip	\$
Amount student can pay	- \$
Amount requested for this student	\$

Please return to the lead school teacher

By signing below, I am testifying that we are truly in need of financial assistance. (To be signed by parent or legal guardian.)

Signed: _____

Printed name: _____



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