Incomplete applications will not be processed or completed by the Finance Department.

Student Information				
Application Date:	_			
Last Name of Student	First Name	Middle Initial		
Last Name of Student	I list Name	Middle IIIIIai		
Date of Birth Current Age	Grade	Childs Enrollmen	t Number	
Parent/Guardian Information				
I I NI	First Name	NA: Jalo Loisi al		
Last Name	First Name	Middle Initial		
Mailing Address	City	State	Zip	
Parent/Legal Guardian Social Secur	Current Phone Number			
Parent/Legal Guardian Name Printed Parent/Legal Guardian Signature				
School Registrar/Admission Office				
I Certify that		is currently registered and is attending		
school at			_	
School Address:		_ Ph. #		
Registrar Signature				
Registrar Signature				

Please read carefully and sign below.	
I hereby certify that of the above stated child and the information is true and correct and can provide additional documentation in support of this information, will be used as intended. Receipts will be due by or before January	I also Certify that these assistance funds
Signature	Date
Signature	Bate
The School Clothing Assistance Program (SCAP) will be utilized thi	is year. (General Funds).
The School Clothing Readiness Assistance Program (SCRAP) will available.	
available.	
*Funds used for the School Clothing Assistance Program are considered C	General Welfare, therefore they are tax exempt.
WINTER SCAP 2023/2024	