

Date received \_\_\_\_\_

# Blue Wave After School Program

## Application for Reduced Fees 2023-2024

**Student Information** – Print name, grade and school for ALL the children for which you are applying.

| Last Name | First Name | Grade | School |
|-----------|------------|-------|--------|
|           |            |       |        |
|           |            |       |        |
|           |            |       |        |
|           |            |       |        |
|           |            |       |        |

**Foster Child**  (Show documentation to EDEP Coordinator.) Verified by \_\_\_\_\_

**Household Members and Gross Income** – Print names of ALL persons in your household and annual income before taxes. Attach a copy of the first page of the **2022 tax return (1040, 1040A, 1040EZ, etc.)** for ALL persons in the household who are required to file.

| Names<br>of ALL Persons<br>in Household | Check<br>if no<br>income | Annual<br>Gross Income | Welfare, Child<br>Support, Alimony | Pensions,<br>Retirement,<br>Social Security |
|-----------------------------------------|--------------------------|------------------------|------------------------------------|---------------------------------------------|
|                                         | <input type="checkbox"/> |                        |                                    |                                             |
|                                         | <input type="checkbox"/> |                        |                                    |                                             |
|                                         | <input type="checkbox"/> |                        |                                    |                                             |
|                                         | <input type="checkbox"/> |                        |                                    |                                             |
|                                         | <input type="checkbox"/> |                        |                                    |                                             |
|                                         | <input type="checkbox"/> |                        |                                    |                                             |
|                                         | <input type="checkbox"/> |                        |                                    |                                             |

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

BWASP Office use only – Do not write in the space below.

Lowest fee \_\_\_\_\_

Reduced fee \_\_\_\_\_

Full fee \_\_\_\_\_

Verified by \_\_\_\_\_ Date \_\_\_\_\_

Recorded \_\_\_\_\_