

Date received _____

Blue Wave After School Program

Application for Reduced Fees

2020-2021

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 BWASP Director.) 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 **2019 tax return (1040, 1040A, 1040EZ, etc.)** for ALL persons in the household who are required to file.

Names of ALL Persons in Household	Check if no income	Annual Gross Income	Welfare, Child Support, Alimony	Pensions, Retirement, 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 _____