

Henry M. Gunn Senior High School Application for Financial Assistance

STUDENT NAME		Year of Graduation	20____
PARENT/GUARDIAN NAME			
HOME ADDRESS (STREET, CITY, ZIP CODE)			
DAYTIME PHONE NUMBER			

PLEASE CHECK THE APPROPRIATE BOX BELOW

- Applicant currently receives free or reduced lunch.
 - Please attach a copy of the confirmation letter.
- Applicant has a financial need due to a family hardship.
 - Please provide a short explanation below.

THE FOLLOWING ARE INCLUDED IN THE SCHOLARSHIP. OTHER ITEMS/EVENTS MAY BE ADDED ACCORDING TO NEED.

ACADEMIC
Transcripts
AP tests
PE uniform
SOCIAL
Yearbook
Prom
Dances
Panoramic pic
Grad Night <i>(may require separate application to the PTSA)</i>
Senior Picnic <i>(may require separate application to the PTSA)</i>
OTHER
VTA bus pass
Parking Permit
Other items or events (please ask Mrs. Wheeler or Mrs. Hall)

****Cap and gown** Contact Jostens directly @ (650) 350-1132

By my signature, I affirm that all stated information is true and an accurate representation of our family's need for financial assistance.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

(For Office Use Only) Approved by: _____ CARD # _____