



INTENSIVE FEE WAIVER OR REDUCED FEE APPLICATION

Student Name _____ Grade _____
Student ID # _____ Date _____
Intensive Course _____ Fee \$ _____

Parent Signature _____

Confidentiality: *The information provided on this completed application is strictly confidential.*

Please answer the following questions on a separate sheet.

- 1) How would your participation in this intensive further your academic goals?
- 2) How would participation in this intensive further your personal growth?
- 3) What can you contribute to the success of this intensive?
- 4) Have you participated in this intensive previously? If yes, when?
- 5) Have you previously received a waiver for an intensive? Please advise when, the name of the intensive and the amount waived.
- 6) What is your current academic standing? (Are you on probation, up to date with credits needed for graduation, etc.?)

OFFICE USE ONLY

☐ Approved ☐ Denied ☐ Y / N EDS Date _____

Principal Name _____

Principal Signature _____

SCHOLARSHIP COMMITTEE ONLY:

Please return to Steller office with the amount awarded.

AMOUNT
AWARDED

\$
.00