



STELLER SECONDARY SCHOOL

2508 Blueberry Road

Anchorage AK 99503

Phone (907) 742-4950 / FAX (907) 742-4966

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. Personal income information is not shared.*

I certify the financial information listed below is correct and agree to provide verification if asked by the school administration. The school administrator will review your application and determine eligibility.

Family size	_____
Family Income	_____
Family Address	_____

Parent Phone #	_____

Household Size	Yearly \$
1	27,861
2	37,437
3	47,212
4	56,888
5	66,563
6	75,369
7	85,914
8	95,590
Additional	9,676 Per Child

OFFICE USE ONLY

Approved by principal

Denied by principal

Principal Name _____ J. Reed Whitmore

Principal Signature _____

Date _____

Supplemental Questions

- 1) How would your participation in this intensive further your academic goals?

- 2) How would participation in this intensive further your personal growth?

- 3) How have you contributed to the Steller Community?

- 4) What can you contribute to the success of this intensive?

- 5) Have you participated in this intensive previously? If yes,when?

- 6) Have you previously received a waiver for an intensive? Please advise when, the name of the intensive and the amount waived.

- 7) Do you have a job at this present time? Yes No
 If yes, what are the number of hours worked per week? _____
 Name of your present employer: _____

- 8) What is your current academic standing? (Are you on probation, up to date with credits needed for for graduation, etc.?)

SCHOLARSHIP COMMITTEE ONLY:

Please return to Steller office with the amount awarded.

AMOUNT AWARDED	\$
	.00