



**Part 2. BENEFITS**

If any member of your household receives **SNAP, FDPIR or TANF Cash Assistance**, provide the name and case number for the person who receives benefits and **skip to SECTION FOUR**.

Name: \_\_\_\_\_ Case number: \_\_\_\_\_

**Part 3. Total Household Gross Income.** You must tell us how much and how often.

1. Name (List only household members with income)	2. Gross income and how often it was received			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
(Example) Jane Smith	\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$50.00/monthly
	\$ ____/_____ _____	\$ ____/_____ _____	\$ ____/_____ _____	\$ ____/_____ _____
	\$ ____/_____ _____	\$ ____/_____ _____	\$ ____/_____ _____	\$ ____/_____ _____
	\$ ____/_____ _____	\$ ____/_____ _____	\$ ____/_____ _____	\$ ____/_____ _____
	\$ ____/_____ _____	\$ ____/_____ _____	\$ ____/_____ _____	\$ ____/_____ _____
	\$ ____/_____ _____	\$ ____/_____ _____	\$ ____/_____ _____	\$ ____/_____ _____

**SECTION FOUR:**

**I certify that all information on this application is true and, if applicable, that all income is reported.**

**If approved, I accept full financial responsibility for the care of, damage to, or loss of the School-owned or issued equipment and/or materials.**

\_\_\_\_\_  
Parent Name (printed)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Fort Worth Academy of Fine Arts**  
*For School Use Only*

School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_

Your request for a fee waiver for your child has been:

- Approved
- Disapproved

If your application has been disapproved and you wish to discuss any concerns about the decision, you may contact the Executive Director to request a meeting.

\_\_\_\_\_  
Executive Director or Designee

\_\_\_\_\_  
Date