



**Learning Resource Center of Polk County, Inc.
APPLICATION FOR FEE REDUCTION**

The Board of Trustees of the Learning Resource Center, as a matter of policy, requests that anyone wishing to be considered for a reduction in the regular and customary fees, complete the following application.

Student's Name _____ Date of Birth _____

Parent's Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Mailing Address _____ City _____ Zip _____

Employer(s) _____

Driver's License Number _____ Social Security Number _____

Must Include: Income Verification-attach copies of recent paychecks and income tax forms. If you feel you need special consideration, due to loss of a job, medical expenses, etc., please explain your situation on the back of this form.

Names	Monthly Income				
List the Names of Everyone in Your Household	Gross Monthly Earnings (before deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Pensions, Retirement, Social Security	Job 2 or Any Other Monthly Income	Total Monthly Income
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$
7.	\$	\$	\$	\$	\$
8.	\$	\$	\$	\$	\$
9.	\$	\$	\$	\$	\$
10.	\$	\$	\$	\$	\$

Total Number of Household Members

Total Monthly Income

Parent Signature: Everything that I have stated on this application is correct to the best of my knowledge. I understand that you will retain this form whether or not financial assistance is given.

(Parent Signature)

(Date)