

STUDENTS

DRAFT (DISTRICT INITIATED)

08.1132 AP.21

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### **Hardship Application**

To apply for graduation assistance due to a hardship, the student must complete the following application, attach all required documentation, and submit to the Principal. A conference with the Principal, parent(s)/guardian(s), if appropriate; and the student is required to determine eligibility for graduation assistance for reasons of hardship. Submission of this application does not guarantee the student that graduation assistance due to hardship will be granted.

**Student's Name**

*Last Name*

*First Name*

*Middle Initial*

**Student's Address**

*City*

*State*

*Zip Code*

**Student's Age**      **Date of Birth**      **Student's Phone Number**

**District High School presently attending**

**Parent/Guardian Name**

**Parent/Guardian's Phone Number**

State below the reason(s) for requesting graduation assistance due to hardship. Be very specific in your application, including your plans for the future and how such graduation assistance will help you achieve your goals. Attach additional page(s), if necessary.

In addition to the above statement, attach the required documentation specified.

- For military enlistment, attach a letter from an Armed Services recruiter indicating your intent of enlistment.
- For family hardship, a letter of need must accompany this application, and documentation must be provided at the conference with the Principal.
- For medical emergency, attach a letter from a certified physician.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

I \_\_\_\_\_ do \_\_\_\_\_ do not recommend this student for graduation assistance due to hardship.

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date