STUDENTS

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. Applications must be submitted to the Superintendent/designee for consideration by SeptemberOctober 1 of the current school year.

Student's Name				
-	Last Name	First Na	me	Middle Initial
Student's Address				
	City	_	State	Zip Code
Student's Age	Date of Birth	Student's Phone Num	nber	
District High School	l presently attending	<b>.</b>		
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.				
<ul><li>For military enlist enlistment.</li><li>For family hardshi</li></ul>	ment, attach a letter fr	e required documentation sp rom an Armed Services recr st accompany this applicatio cipal.	ruiter indicat	
<ul> <li>For medical emergency, attach a letter from a certified physician.</li> <li>For other situation, attach a letter with all pertinent information for review by Superintendent/designee.</li> </ul>				
Signatu	ere of Applicant		Date	
Signatu	re of Parent/Guardian	n	Date	
I do do not recommend this student for graduation assistance due to hardship.				
Signa	ature of Counselor		Date	e
Signa	ture of Principal		Date	e