

**Provo School District 2025  
Outdoor Education (Optional 5th Grade Program)**

Parent Name: \_\_\_\_\_

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

Phone: (Day) \_\_\_\_\_

Email: \_\_\_\_\_

Children who desire a scholarship (fee waiver)

\_\_\_\_\_

I am requesting a scholarship for the following reason(s): Check those that apply.

- Our family qualifies for free lunch.
- Our family receives financial help from Aid to Families with Dependent Children (AFDC).
- The student(s) listed above receive Supplemental Security Income (SSI).
- The student(s) listed above is in Foster Care under Utah or local government supervision.
- The student(s) listed above is in State Custody.
- Our family has severe extenuating circumstances which need consideration.
- We will make a partial payment of \$ \_\_\_\_\_**

**Please return this form to the school secretary.**

I hereby certify that the information I have given is true and correct to the best of my knowledge and belief.

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

