

Dukes Helping Dukes

Date of Application: ____/____/____

Parent / Guardian: _____

Address: _____ City: _____

Parent/Guardian email: _____

Please provide this information for each **YORK** student included in this request:

1. Student Name: _____ **ID#:** _____

Sport: _____ **Cost:** \$ _____

2. Student Name: _____ **ID#:** _____

Sport: _____ **Cost:** \$ _____

3. Student Name: _____ **ID#:** _____

Sport: _____ **Cost:** \$ _____

Total Cost: \$ _____

Please note: a separate application is required for each sport.

Disclaimer: Dukes Helping Dukes is able to cover up to half of the funds of any sport. Payment plans will be available if needed.

Applied for District Financial Aid*: Yes or No

Approved?: Yes or No

Applied for Government Free or Reduced Lunch*: Yes or No

Approved?: Yes or No

*Financial Aid covers the cost of books, class **and athletic fees**, supplies etc.*

The Free Lunch program provides students with free/low cost breakfast and lunch only. No fees are covered under this program.

Should you have any questions please feel free to contact your student's social worker.

Please provide additional information regarding financial circumstances:

You will receive a letter or email notifying you of the Dukes Helping Dukes decision. All approved grant funds will be sent to the school directly on your behalf. Please do not pay for the expenses you are requesting assistance with; **Dukes Helping Dukes is not able to issue checks/refunds to individuals.** If you have any questions, please contact Nelly Avina, school social worker at (630) 617-2404.

Parent/Guardian Signature: _____ **Date:** _____

Please return this completed form to your student's counselor or social worker.

For office use only:

Accepted by: _____

Date: ____/____/____