



Cy-Fair ISD Advanced Placement Exam Financial Assistance Application

FIRST NAME: _____ LAST NAME: _____ STUDENT ID: _____

NICKNAME: _____ STUDENT'S DATE OF BIRTH (MM/DD/YY): ____/____/____

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

PHONE NUMBER: _____ Circle one: Parent Cell Parent Daytime Student Cell

APPLICANTS EMAIL ADDRESS: _____

PARENT'S EMAIL ADDRESS: _____

Please note: Cy-Hope collects demographic data for grant and program evaluation purposes only.

GENDER (CIRCLE ONE): Female Male Non-binary (non-conforming) Transgender-Female
Transgender-Male Unknown Prefer not to say

RACE (CIRCLE ONE): African American/Black African Asian/Asian American
Hispanic/Latinx or Spanish Origin (any race) Indigenous People or Native American
Middle Eastern or North African Multiracial (Two or more races)
Native Hawaiian or Other Pacific Islander White
Not listed Unknown

HOUSEHOLD INCOME (CIRCLE ONE): \$12,500 or less \$62,501 to \$75,500
\$12,501 to \$25,000 \$75,501 to \$100,000
\$25,001 to \$37,500 \$100,001 to \$150,000
\$37,501 to \$50,000 More than \$150,000
\$50,001 to \$62,500

QUALIFY FOR FREE & REDUCED LUNCH?
Yes
No

HOUSEHOLD INFO (List # of people)
Ages 0-2 _____ Ages 65+ _____
Ages 3-4 _____ Total # people _____
Ages 5-17 _____
Ages 18-24 _____



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SCHOOL: _____ GRADE (9 – 12): _____

IS STUDENT INVOLVED IN OTHER CY-HOPE PROGRAMS? (check any that apply)

- Backpack Program
- Devine Virtuosos
- Camp Lemonade
- Dierker’s Champs
- Hope Centers
- Counseling
- Ambassadors of Compassion

HAVE YOU PREVIOUSLY RECEIVED CY-HOPE FINANCIAL ASSISTANCE? _____

CY-HOPE MEDIA RELEASE AND LIABILITY RELEASE:

I, the parent/guardian, of the above-named child grant Cy-Hope or its affiliated organizations permission to publish names, images, and/or videos of my child in event publications, video publications on their website, and social media outlets.

I hereby release Cy-Hope from any liability or claims for any injuries or damages incurred while participating in Cy-Hope programs.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

CY-FAIR ISD DATA RELEASE

By signing below, I give my permission for Cy-Fair ISD to release the information contained on this form regarding me or my child to Cy-Hope as part of my child’s participation in the Cy-Hope program.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

EDUCATION

High School GPA:
Advanced Placement Course/Courses you wish to enroll in:

EXTRA-CURRICULAR ACTIVITIES

List memberships and positions held in school and community organizations. Include part-time employment. Describe your role and contribution. List any honors & special recognitions received. Provide Details. Attach additional sheets if necessary.
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Applicant Signature **Date**

Parent Signature **Date**

