

– **CONFIDENTIAL** –  
**ACTIVITIES ASSISTANCE PROGRAM APPLICATION**  
 Department of Athletics and Activities  
 Lincoln Public Schools • Lincoln, Nebraska

**WHO MAY APPLY?**

Any student enrolled in the Lincoln Public Schools in good standing.

**WHAT IS THE ASSISTANCE?**

The assistance is a gift of money to allow a student to purchase necessary items in order to participate in an activity.

**WHAT CAN BE PURCHASED?**

Every application will be considered on its own individual need; however, some examples of what may be approved are:

- Sports Physicals
- Athletic Shoes

**WHAT CANNOT BE PURCHASED?**

Items that are considered personal such as undergarments.

**WHERE DO I APPLY?**

You may submit this application to your school or the LPS Activities Office, P.O. Box 82889 (68501). Your application will be kept as confidential as possible.

**HOW DO I APPLY?**

Fill out the application form, have your parent or guardian sign it, and return the form to the Activities Office or call 402-436-1610.

How am I notified?

If you are awarded a grant, you will be notified by your student's school and arrangements will be made to assist with your expenses.

*The Lincoln Public School District does not discriminate on the basis of race, color, national origin, religion, sex, marital status, sexual orientation, disability, age, genetic information, citizenship status or economic status in its programs, activities and employment.*

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student I.D. Number: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Activity you wish to be involved in: \_\_\_\_\_

What do you need to purchase to participate in the activity?: \_\_\_\_\_

Shoe size, if applicable: \_\_\_\_\_

<p><b>This section MUST BE COMPLETED in order to be considered for assistance and will be kept CONFIDENTIAL</b></p>		
Parent/guardian name: _____		Phone: _____
Address: _____		Zip: _____
<p><b>FAMILY INCOME</b></p>		
Occupations: Father: _____		Mother: _____
<p>Total family income before deductions, including wages of all working members, welfare payment, pensions, social security, alimony, <b>child support</b>. Please use <b>your</b> last year's tax forms as reference:</p>		
	<b>TOTAL FAMILY SIZE</b>	<b>ANNUAL INCOME</b>
<input type="checkbox"/>	1	Under \$28,953
<input type="checkbox"/>	2	Under \$39,128
<input type="checkbox"/>	3	Under \$49,303
<input type="checkbox"/>	4	Under \$59,478
<input type="checkbox"/>	5	Under \$69,653
<input type="checkbox"/>	6	Under \$79,828
<input type="checkbox"/>	7	Under \$90,003
<input type="checkbox"/>	8	Under \$100,175
<input type="checkbox"/>	Each additional person	\$10,175

**SHARING INFORMATION CONSENT**

*To qualify for assistance, this section MUST be completed and signed*

To save you time and effort, the information you gave on your Application for Free or Reduced Meals may be shared with other programs for which your children may qualify. **For the Activities Assistance Program, we must have your permission to use the information from your Application for Free or Reduced Meals in order to confirm your eligibility for this assistance.**

- Yes! I give you permission to use the information from my Application for Free or Reduced Meals form for purposes of the Activities Assistance Program. (You must check this box to give us permission in order to be considered for assistance).

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, please call 402-436-1610.  
**Return to: Lincoln Public Schools, Activities Department, P.O. Box 82889, Lincoln, NE 68501**