Round Rock High School

Advanced Placement Testing

Financial Assistance Application Form 2021

Before you begin – Financial assistance for Advanced Placement testing is provided to students according to a priority system.

Priority Group	Characteristics	
First	Students attending Round Rock High School who are served by the Free or Reduced	
	Lunch program	
Second	All other students	

^{*}The amount of funding available from year to year varies, and so there is no guarantee of financial assistance for any individual student in any given year.

Step 1: Fill in your basic information – Please print legibly

Student ID#	Student Name	Home Phone	Email Address			
Stan 2. Eill in your academic information. Places mint legibly						

Step 2: Fill in your academic information – Please print legibly

Year in School – Freshman, Sophomore, Junior, or Senior						
List the AP Exams you plan to take this year.						
	1					

Step 3: Financial Information

Are you able to pay \$100 per exam?	Yes No If not, what are you able to pay?				
Monthly Gross Income:	Number of family members living in household:				
this student part of the Round Rock Free or Reduced Lunch Program?Yes No					
If yes, can you afford \$27 per exam?Y	Yes No If not, what are you able to pay?				
Are there any extenuating circumstances that you would like to disclose during consideration? (Examples include: loss of employment, medical bills, etc.) If yes, please list and explain below (if more space is needed, please attach a separate paper to this form):					

Step 4: Certification – Read, sign and date the statements below:

Student	Parent	
I, the student applying for financial assistance, do hereby certify that the information submitted in this application and financial assistance letter is true. I understand that submission of false or misleading information disqualifies me from financial assistance. I further understand that students who are on the free or reduced lunch program are the highest priority, and that the information contained in my financial assistance letter will be reviewed by a committee and used to determine the need for financial assistance.	I/We, the parent(s) of the student applying for financial assistance, do hereby certify that the information we have submitted in this application and financial assistance letter is true. We understand that the submission of false or misleading information disqualifies my/our student from financial assistance. I/We understand that students on the free or reduced lunch program are the highest priority and that the information contained in my/our student's financial assistance letter will be reviewed by a committee and used to determine the need for financial assistance.	
Student Name Printed Date	Parent Name(s) Printed Date	
Student Signature	Parent Signature(s)	

Step 5: Completed forms may be submitted by email to jayson_jernt@roundrockisd.org or to the 1200 building Main Office, **NO LATER THAN** 4:30 pm on Friday, October 30, 2020.