



## Student - In - Need Grant Application

Student Name:

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JVS Program:

Home School:

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Home Address:

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Phone:

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Please estimate your gross ANNUAL income  
for the previous tax year: \*

\*(Please attach information if circumstances have caused this amount  
to change during the current year.)

\$

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Number of people supported by this income:

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Amount Requested: \$

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Student Signature:

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Parent Signature:

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Entire grant application must be completed to be considered.

Completed grant applications should be returned to the FINANCIAL CLERK'S OFFICE.

Grant requests are processed approximately one week before the end of each quarter

*The Lorain County JVS Board of Education and its staff are dedicated to providing equal educational opportunities and equal employment opportunities without regard to gender, race, color, creed, national origin, religion, age or handicap.*