

Southern Arizona's Computer Bank

PO Box 370

Marana, AZ 85653

**Student Assistance Application**

*(Please Print Clearly, Answer All questions. You must be a Resident & Student of So.*

AZ.)

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

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Age/Birthday: \_\_\_\_\_

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

Do you have any computer skills? \_\_\_\_\_Yes \_\_\_\_\_No

Do you own a computer? \_\_\_\_\_Yes \_\_\_\_\_No

Do you have access to a computer at school? \_\_\_\_\_Yes \_\_\_\_\_No

What would you use a computer for and what programs do you feel will help you with your studies? \_\_\_\_\_

What type of equipment, materials or resources/training, do you anticipate receiving from this organization? \_\_\_\_\_

How do you get your school supplies and books? \_\_\_\_\_

Is your family receiving any assistance from the State? Yes No

(A student may receive a free computer if they are from households receiving Food Stamps (FS), Cash Assistance (CA), Food Distribution on Indian Reservations (FDPIR) or have a total household income at or below the amount on the income chart.

We do not provide Internet Services, but we try our best to provide you with a modem. We will also try to get you a deal on Internet Services, *we do not pay for the services*. Does \$8.00 a month for dial-up services (you must have a phone line) sound reasonable?      Yes      No - if so, what would you use Internet services for: \_\_\_\_\_

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*Students Name:*

\_\_\_\_\_

*Attach a sheet of paper and in 300 words, please print clearly and explain why you should be selected as a recipient of our program. If you have any restrictions or disabilities, please include them in the letter. Please send your application to the address above, along with a Self-Address-Stamped Envelope . Remember, you must be a Resident and Student in Southern Arizona.*

**Income Chart**

**Effective September 1, 2002 to September 31, 2003**

Household Size	Annual	Month	Week
1 \$16,391	\$1,366	\$316	
2.. 22,089	1,841	425	
<b>Circle One:</b> 3.. 27,787	2,316	535	
4.. 33,485	2,791	644	
5.. 39,183	3,266	754	
6.. 44,881	3,741	864	
7.. 50,579	4,215	973	
For each additional member family add.	+5,698	+475	+110

Complete the information below, please have a parent or legal guardian sign and date. Send a

copy of last years Tax Return. All information is kept confidential and will not be used for any other purposes other then verifying qualifications. You will be notified of approval or denial.

Child (ren)s Name FS, CA, or FDPIR Number

A parent or legal guardian must print and sign their name below, authorizing this application.

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(print)

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(signature)

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(date)