

COMMUNITY EDUCATION



Luverne Public Schools
709 North Kniss • Luverne, Minnesota 56156
Telephone (507) 283-4724 • Fax (507) 283-2413

Opportunity Grant Application

Goal: *Ensure that all children and adults who want to participate in community learning activities are able to participate, regardless of financial ability.*

Applicant Name: _____ Age: ____ Grade: ____ Sex: M F
Address: _____ Phone _____
Email: _____
Parents(s) or Guardian: _____ Phone: (H) _____ (W) _____
Referral (if applicable) by : _____ Phone: _____
Agency: _____

Background Information

Luverne School District Resident: YES NO Open Enrolled: YES NO

Number in Household: _____ Financial Need Indicated: YES NO

(FREE of REDUCED School Lunch Application OR Income Tax records may be requested)

Developmental Need (Please specify):

Other Circumstances for Need (Please specify):

Describe Requested Activity & Costs (example: \$10 for basketball, computer class \$15, \$20 for 4-H camp fee, Heartland trip home from cooking class, etc. Include dates/times of activity)

Amount you can pay: _____ Requested Grant Amount: _____

Participant Signature

Parent/Guardian Signature

OFFICE USE ONLY: Total fee sponsored: _____ Approx Hours of Activity Provided _____