

City of Naples 2023 Fee Assistance/Scholarship Appication

Parent/Guardian:	Childs Name:		
Address:	City:	St:	_ Zip:
Daytime/Work Phone:	Home	Phone:	
Email:			
Emergency Contact:	Phone:		
1. Verification of City of Naples Res	idency or City of Nar	oles Employee:	
(check one or more of the following).		
Driver's LicenseLease _	Utility BillFlo	rida State ID	Pay StubOther
2. Financial Assistance Verification:	:		
Submit copy of current letter of ac	ceptance into the Na	tional School Lur	nch Program
*Please complete an activity registra **Scholarships are limited and will be			basis.
I understand the Fee Assistance/Son Naples and that verification of residue to attached. As of October 1, 2021 under fee assistance guide lines. It all approved applicants must re-appright to randomly verify the authentic	dency and financial a City of Naples OPIE verify that all informa pply annually. I unde	ssistance verifica U/AFSCME emplo ation above is true rstand the City o	ation documents must yees may now qualify e and correct and that
Applicant Signature		Date	
Office Use Only:			
ApprovedDenied Rea	son:		
Reviewed By:		Date:	