



IRVINE PUBLIC SCHOOLS FOUNDATION
Assistance Application for IPSF-ACE CLASSES

Directions: A limited amount of money is available to provide assistance. Please return this completed application to IPSF as soon as possible. An Assistance Review Committee will review your application and notify you within 3-7 business days. Please complete one form per student applicant.

ACE Class Scholarship:

Date of Application: Program Cost \$

Student's Name:

School: ACE Class Title:

Teacher's Name: Grade Level:

Parent/Guardian's Name:

Address: Telephones:

Email:

Reason(s) for financial assistance request:

Monthly Gross Household Income: Number of members in household:

Please attach a copy of any documents you have that might help us verify your family's income and eligibility for this scholarship. No applications can be processed without this information attached to this form.

Parent Signature

Date

Reviewer Signature

Date

Mail to IPSF-ACE Scholarships, 18552 MacArthur Blvd., Ste. 200 Irvine, CA 92612
Fax: (949) 263-8343
Questions: (949) 263-8340