



New Jersey Crescendo Foundation Assistance Application

Certification Page

Student Name _____

Student School _____

Parent/Guardian:

I hereby authorize my child's school principal to acknowledge his/her participation in the Free/Reduced Lunch Program which thereby makes him/her eligible for Crescendo Foundation participation.

Parent Signature

Date

Principal:

With my signature, I certify that the above-named student is eligible for Crescendo Foundation Assistance through their participation in my school's Free/Reduced Lunch program.

Principal Name (Printed)

Principal Signature

Date

Once appropriate signatures have been secured, this form is to be uploaded to the on-line student application as a scan or image.