

DISTRICT/CHARTER NAME: _____

COUNTY: _____

CTDS: _____

**FY2020
STATE OF ARIZONA
FY2019 SCHOOL DISTRICT/CHARTER STATEWIDE
RECALCULATION ADJUSTMENT
HARDSHIP APPLICATION**

**FY2019 SCHOOL DISTRICT/CHARTER STATEWIDE RECALCULATION
ADJUSTMENT TOTAL** _____

AMOUNT OF ADJUSTMENT FOR THE FY2020 _____

AMOUNT OF ADJUSTMENT FOR THE FY 2021 _____

SUPERINTENDENT/BUSINESS MANAGER SIGNATURE

SUPERINTENDENT/BUSINESS MANAGER – PRINTED NAME

TELEPHONE

E-MAIL

Lyle Friesen, Deputy Associate Superintendent