

DISTRICT/CHARTER NAME: _____

COUNTY: _____

CTDS: _____

**FY2021
STATE OF ARIZONA
FY2020 SCHOOL DISTRICT/CHARTER STATEWIDE
RECALCULATION ADJUSTMENT
HARDSHIP APPLICATION**

**FY2020 SCHOOL DISTRICT/CHARTER STATEWIDE RECALCULATION
ADJUSTMENT TOTAL _____**

AMOUNT OF ADJUSTMENT FOR THE FY2021 _____

AMOUNT OF ADJUSTMENT FOR THE FY 2022 _____

SUPERINTENDENT/BUSINESS MANAGER SIGNATURE

SUPERINTENDENT/BUSINESS MANAGER – PRINTED NAME

TELEPHONE

E-MAIL

Charlie Martin, Deputy Associate Superintendent