



**CONFIDENTIAL FINANCIAL ASSISTANCE FORM**

**PERSONAL:**

PLEASE PRINT

Parent's Name: \_\_\_\_\_

Married [ ] Single [ ] Separated [ ] Divorced [ ]

What school does your child attend? \_\_\_\_\_

What do you need assistance with? (please circle all that apply)

Before & After School:

a.m./p.m.    a.m. only    p.m. only    /    Part time    Full time

Before & After School

Spring Break Camp

Winter Break Camp

Head of Household (Full Name) \_\_\_\_\_

Address \_\_\_\_\_ Number in Family \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_

Do you own your home? \_\_\_\_ Payment or Rent amount: \$ \_\_\_\_\_

OTHER MEMBERS OF MY FAMILY WHO DEPEND UPON ME FOR SUPPORT AND LIVE WITH ME:

NAME	BIRTH DATE	AGE	RELATIONSHIP	INCOME

**EMPLOYMENT:**

Present Employer: \_\_\_\_\_

Number of years employed: \_\_\_\_\_

Spouses Employer (if married): \_\_\_\_\_

Number of years spouse employed: \_\_\_\_\_

**FINANCIAL INFORMATION**

Monthly Household Income

\$ \_\_\_\_\_ Monthly Gross Paycheck  
\$ \_\_\_\_\_ Spouses Gross Paycheck  
\$ \_\_\_\_\_ Child Support  
\$ \_\_\_\_\_ Supplemental Support  
(Housing, food stamps, social security, etc.)  
\$ \_\_\_\_\_ Other Income

Monthly Household Expenses

\$ \_\_\_\_\_ Mortgage or Rent  
\$ \_\_\_\_\_ Phone  
\$ \_\_\_\_\_ Water  
\$ \_\_\_\_\_ Electric  
\$ \_\_\_\_\_ Groceries  
\$ \_\_\_\_\_ Other Expenses

**\$ \_\_\_\_\_ Total Monthly Income**

**\$ \_\_\_\_\_ Total Monthly Expenses**

**\*PLEASE SEE PAGE 1 FOR A LIST OF VERIFICATION THAT MUST BE ATTACHED TO THIS APPLICATION**

**GENERAL:**

Reason you are applying for financial assistance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What can you afford to pay towards the program? \_\_\_\_\_  
\_\_\_\_\_

In completing this application and signing it, I certify that the information supplied herein is true, accurate, and complete to the best of my knowledge. I will let you know if and as soon as there is any change in my family or economic status. You are hereby authorized to check with my bank or other business or personal references you deem necessary to verify the information given on this application.

I understand any information found to be false or unreported would disqualify me from assistance and future assistance.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date