

Request For Financial Assistance  
All information is confidential

Date: \_\_\_\_\_

Name of applicant: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Names and addresses of parents/guardians:

Parent/Guardian's name: \_\_\_\_\_

home address: \_\_\_\_\_ phone: \_\_\_\_\_

work address: \_\_\_\_\_ phone: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

home address: \_\_\_\_\_ phone: \_\_\_\_\_

work address: \_\_\_\_\_ phone: \_\_\_\_\_

Please list all other children in your family who you support and where each attends school:

Name: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_

Do you (please check):  Rent  Own Number of years in town: \_\_\_\_\_

You were referred by: \_\_\_\_\_

List programs in which you wish to enroll: \_\_\_\_\_

Total fee of programs you wish to take: \$ \_\_\_\_\_

Amount you able to contribute: \$ \_\_\_\_\_

Amount of assistance that you are requesting: \$ \_\_\_\_\_

Are you able to volunteer for ASAP? YES NO

Please list two references:

Name: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ phone: \_\_\_\_\_

Total Family Income. Please check one:

Under \$25,000  \$45,000 – \$65,000  \$85,000 – \$105,000

\$25,000 – \$45,000  \$65,000 – \$85,000  over \$105,000

Please write a short statement about why you should qualify for financial assistance – you may use the back of this page. **Please return this form to ASAP at the address above. Thank you.**