

# Financial Aid Application



Date \_\_\_\_\_  
Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Number of Adults (over 18) in household: \_\_\_\_\_ Number of children (under 18) in household: \_\_\_\_\_

Assistance is being requested on behalf of the following children

1. \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_
2. \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_
3. \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

***Please indicate specific program for which you need assistance and level of assistance requesting***

\_\_\_\_ General Membership Fee - \$24.00      \_\_\_\_ Summer Day Fees - \$15/Day      \_\_\_\_ % Requesting

***Award Structure and Minimum Attendance Requirements***

***1-33% Awarded - 2 Days/week      34-66% Awarded - 3 Days/week      66-100% Awarded - 4 Days/week***

***Membership Fee Attendance Requirements only effective during the School Year, Summer Fee Requirements only effective during summer***

\*Please explain why you would like to be considered for financial aid\*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Monthly gross income from all wages & salaries \$ \_\_\_\_\_
2. Other income (public assistance, child support, social security, rent, alimony, etc.) \$ \_\_\_\_\_
3. What was your family's total gross income last year? \$ \_\_\_\_\_

Marital Status: \_\_\_\_ Single      \_\_\_\_ Married      \_\_\_\_ Divorced      \_\_\_\_ Widowed

Would you be willing to volunteer your time in return for a reduction of fees? \_\_\_\_ Yes      \_\_\_\_ No

**\*\*Please attach a copy of your most recent tax return\*\***

---

***For Office Use Only***

Date Reviewed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_  
Application: \_\_\_\_ Approved      \_\_\_\_ Denied  
FA Award: \_\_\_\_\_