

FINANCIAL ASSISTANCE APPLICATION FOR AFTER-SCHOOL ENRICHMENT PROGRAMS

Financial aid is available for those individuals whose families demonstrate financial need, so that they may participate in this after-school program. Family information and circumstances will remain confidential.

STUDENT'S NAME: _____ PHONE: _____

STUDENT'S ADDRESS: _____

THE FOLLOWING INFORMATION WILL BE KEPT CONFIDENTIAL

Date of birth _____ Age _____ Grade _____

Father's Name _____ Phone _____

Address _____

Mother's Name _____ Phone _____

Address _____

HOUSEHOLD UNIT

Number of Adults in household _____

Number of Children _____ List ages of children _____

Family income range: indicate total household income before taxes (includes salary, child support, pension, other income)

- | | | |
|-----------------------|-----------------------|--|
| ___ under \$9,000 | ___ \$15,501-\$18,500 | ___ \$25,001-\$28,500 |
| ___ \$9,001-\$12,000 | ___ \$18,501-\$21,500 | ___ \$28,501-\$31,500 |
| ___ \$12,001-\$15,500 | ___ \$21,501-\$25,000 | ___ if over \$31,500, state to nearest \$1000___ |

Parent Signature

Date

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