



FINANCIAL ASSISTANCE APPLICATION

Date: _____ Completed by: _____

Part 1. Demographic Information

Child's name: _____ Age: _____ DOB: _____ Gender: M F

Legal Guardian(s) Name: _____

Address: _____

Telephone: _____ Other _____

Employment Status Guardian 1: (Circle one) Employed Unemployed Date of Status Change: _____

Employment Status Guardian 2: (Circle one) Employed Unemployed Date of Status Change: _____

Part 2. Insurance

Primary insurance company: _____

Primary Insured: _____ Primary DOB _____

Enrollee # _____ Group # _____

Employer _____ Primary Inquiry # _____

Part 3. Family Information

Please list the names of family members in the home in which the child resides

_____	_____
_____	_____
_____	_____

Part 4. On a separate sheet of paper, please describe:

- Your personal situation (family size, actual monthly costs, etc...)
- Your reasons for requesting assistance
- Please include a copy of your most recent tax return and pay check or checks for household
- What is the dollar amount requested? _____
- Have you received financial support from this source in the past for this child? Yes No
 - If yes, how much money was awarded and how many times?

Certification

I hereby affirm that the information provided on this form and in the accompanying material is accurate and complete to the best of my knowledge. In addition, it is my understanding that information contained in my application may be shared with the grant selection advisory committee and every effort will be made to protect the privacy of the information.

Applicant's Signature

Date