



Enriching the lives of children of single parent households

APPLICATION FOR ASSISTANCE

Applicant (must be at least 18 years old to apply on behalf of a child)

Name : _____

Address : _____

: _____

Phone : _____

email : _____

Relation to child: _____

Child (must be 17 years old or younger to qualify)

Child's full name: _____

Child's birthdate : ____ / ____ / ____ boy girl

Estimated amount of financial need : \$ _____

OFFICE USE ONLY	
_____ / _____ / _____	Received
<input type="checkbox"/> Approved	
\$ _____	Check # _____
<input type="checkbox"/> Denied	

<input type="checkbox"/> Renewed _____ / _____ / _____	
\$ _____	Check # _____
<input type="checkbox"/> Renewed _____ / _____ / _____	
\$ _____	Check # _____
<input type="checkbox"/> Renewed _____ / _____ / _____	
\$ _____	Check # _____

Applicant Statement

Please describe the activity and the type of assistance you are requesting. Please list all related expenses, if any, such as equipment, uniforms, supplies, fees etc, that will be needed for the child to fully participate in this activity.

In addition to our application form, please include any information regarding the activity and/or organization (i.e. completed application form, brochure, flyer etc.) for which assistance is being applied for, including payment information, and return it to the address below. Checks will be made payable to the participating organization whenever possible.

All personal information shall be confidential except as required by law.

I, do hereby acknowledge that the information above is true and accurate.

Applicant's name : _____ PLEASE PRINT NAME HERE _____

Applicant's signature : _____ Date : ____ / ____ / _____