



FINANCIAL ASSISTANCE APPLICATION

Child's First and Last Name: _____ DOB: _____ Age: _____ Gender _____

Parent First and Last Name: _____

Address _____ City _____ State _____ Zip Code _____

Home Phone Number _____ Work Phone Number _____

Email Address: _____

List names and ages of everyone residing in your household including yourself:

	First Name, Last Name	Age	DOB	Gender	Relationship (wife, son etc)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Verify current total household income sign and submit supporting documents.

Submit the following supporting documents:

- Last year's tax return Form 1040
- Last two pay stubs
- Copy of your GACAPS denial (you can apply at www.gateway.ga.gov)

What is the combined total household income? _____ What amount can you pay weekly? _____

Special Circumstances (if any): _____

Are you willing to volunteer to offset the cost of programming: ___yes ___no

By signing this application I do hereby certify that all the information contained is true and accurate. I understand that I am applying for financial assistance based on need and that scholarships are based on available funding and severity of need.

Signature: _____ Date _____