



Student Assistance Application

Applicant Information

Full Name (Student): _____ DOB: _____

Parent Name: _____

Address: _____ Apt/Unit # _____

City _____ State _____ ZIP Code _____

Phone: _____ Email: _____

Financial Information of Applicant (or Parent/Guardian)

Status (check one) SINGLE MARRIED SEPARATED

Total Household Income: Below \$25,000 Between \$25,000-40,000 \$Above 40,000

How many people depend on this income? _____

Program Information

Program Title: _____

Date _____ Time _____ Facilitator/Instructor _____

Funds Needed

Program Fee \$ _____ Supplies \$ _____ Other \$ _____

TOTAL REQUESTED: \$ _____

Checklist

- Application Checklist: Completed Application form
 Personal letter explaining decision to apply for funds