

For office use only

Date Application Received _____ Date of Award _____ % Awarded _____ Program _____

CARLY STOWELL FOUNDATION FINANCIAL ASSISTANCE APPLICATION

- Applications will not be considered for funding if application is incomplete and missing appropriate paperwork.
- All information contained in the application is considered confidential and will remain within the financial assistance committee.
- Applications are awarded quarterly and are based upon need and the measured commitment level of the participant and family.

Participant's name _____ Birthdate _____

Parent or Guardian name: _____

Mailing address _____

City _____ State _____ Zip _____ Home phone _____

Work phone _____ cell phone _____

Email address (print clearly) _____

PLEASE COMPLETE all information and answer all questions. This application is confidential.

Family members living in household: **(please only include people living in household)**

1 st Child's Name _____	Age _____	4 th Child's Name _____	Age _____
2 nd Child's Name _____	Age _____	5 th Child's Name _____	Age _____
3 rd Child's Name _____	Age _____	6 th Child's Name _____	Age _____

*for additional children, please attach additional page with names and ages

Father Name _____ Employer _____

Employer Address _____ City _____ State _____

How long Employed? _____

Mother Name _____ Employer _____

Employer Address _____ City _____ State _____

How long Employed? _____

1. Monthly take-home COMBINED income _____
2. Are you currently receiving financial assistance? yes no
3. If yes, what type and how much? (AFDC, SSI, Child Support, Food Stamps etc)
type _____ Monthly amount _____
4. Do you qualify for the free and reduced lunch program? yes no
5. Have you received Carly Stowell Foundation financial aid in the past? yes no
If yes, for what program(s) _____ amount _____
6. Which program are you participating in? _____
7. What is the total cost of participation? _____
8. What amount are you able to pay toward your fee? _____

The statements I have given are true and correct. I have read and agree to the conditions for financial assistance.

Applicant's Signature _____ Date _____