



## **2022-2023 Financial Assistance Program Application and Income Certification Form**

Please Print	
NAME	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE NUMBER	
EMAIL:	
FAMILY SIZE (this number should match your $1\square  2\square  3\square$	•
FAMILY INCOME: My current family yearly inc	come from all sources is: \$
	f all persons living in the same household who are related g from the activities (this number should match your tax
To accurately determine your household incom your home from all sources.	e, you must include the income of all persons residing in
Approved Doc	cument for Income Verification
	21 or 2022 Federal Tax Return for Income Verification
	ome verification and funding availability. Assistance will be ids have been exhausted. All funds awarded must be
	at the information on this form is accurate and complete. I abject to further verification by the agency providing the
Signature:	Date:
Of	ffice use only
Tax return year Annual i	





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One application per family. Please complete the entire application. Incomplete applications will not be accepted.

Please only list individuals for whom you will use assistance.

1. Childs Name: _				
_	Last	First	Middle Initial	
Date of Birth:		Program interest:		
	Month/Day/Year	Program interest:		
2. Childs Name: _	Last			
	Last	First	Middle Initial	
Date of Birth:		Program interest:		
	Month/Day/Year			
3. Childs Name: _				
	Last	First	Middle Initial	
Date of Birth:		Program interest:		
	Month/Day/Year			
4. Childs Name: _				
	Last	First	Middle Initial	
Date of Birth:		Program interest:		
	Month/Day/Year			
Please send app	roval notification to:			
Parent/Guardian:	Please print			
	Flease pilit			
Phone:				
If we have	e any questions about your	application, we will contact you	u at this number	
Email:				
Approval i	information will be sent to th	nis email		