

AMBROSE FAMILY CENTER ADVENTURE CLUB

Financial Assistance Application Form SY 2019-20

To apply for financial assistance for your child(ren), please answer all questions and provide additional information as requested. If you have questions or need assistance, please contact Angie Spatola at 963-6440.

Child's Name _____ **Date of Birth** _____

School Attending _____ **Grade for 2019-20** _____

- Male Female Hispanic or Latino Asian Black or African American
 Native American/Eskimo Native Hawaiian or Other Islander White
 Multi-racial (two or more races)

Program you are applying for: (circle one) **Please note: assistance is only available for 5 days of care**
 Before & After School-5 Days Before School Only-5 Days After School Only-5 Days

Parent/Guardian's Name _____ Home Phone _____

Cell Phone _____ E-Mail _____

Address (including zip code) _____

Parent/Guardian's Place of Employment _____

Parent/Guardian's Name _____ Home Phone _____

Cell Phone _____ E-Mail _____

Address (including zip code) _____

Parent/Guardian's Place of Employment _____

Child lives with: (circle one) Both Parents Father Mother Legal Guardian Other _____
Relationship

Who has legal custody of the child? _____ (Please attach supporting documents if there has been a legal custody decision.)

Please list the names of any other persons living in your household: _____ Total # living in household _____

* If more space is needed, please use back of form.

Last	First	Middle
Date of Birth	Gender: Male Female	Relationship
Last	First	Middle
Date of Birth	Gender: Male Female	Relationship
Last	First	Middle
Date of Birth	Gender: Male Female	Relationship
Last	First	Middle
Date of Birth	Gender: Male Female	Relationship

Please list **all income** for **each person** in your home and how often received (weekly, monthly). Copies of your last 2 pay stubs and copies of your most recent W2 or Federal Income Tax forms must be sent with this application. If you are enrolled in school full time and do not have pay stubs to submit, please include a copy of your current school registration. Please include documentation of any additional income (i.e. statements from Missouri Department of Social Services listing Child Support Payments, TANF awards, etc.) ***Incomplete forms will not be considered.***

Income to report:

Earnings from work – wages, salaries, tips, strike benefits, unemployment compensation, workman’s compensation, net income from self-owned business. You must list gross income before deductions for taxes, social security, etc.

Welfare, child support, alimony – include any public assistance, welfare, alimony, child support payments

Pensions, Retirement, Social Security – pensions, retirement, social security, veteran payments, supplemental security income

Other income – earnings from a second job, disability benefits, interest, dividends, cash withdrawal from savings, estate income, trusts, investments, royalties, annuities, rental income, or any other monies that may be available or entitled to you.

Name (Last, First)	Earnings from work (before deductions) and frequency	Welfare, Child Support, Alimony and frequency	Pensions, Retirement Social Security and frequency	Other income and frequency
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____

I certify that all of the information given on this application is true and correct and all income is reported.

Signature

Date

Please feel free to attach additional information that will explain your circumstances.

<i>For office use only</i>
Received: _____
Approved? _____
Staff: _____

**Please return application with requested documentation to Angie Spatola at 222 W. Cedar Avenue, Webster Groves, MO 63119 or via fax to 314-968-9259 or via email to spatola.angie@wgmail.org*