



Financial Assistance Application

Contact Information

Applicant: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

This Application is for... (Check all that apply)

Memberships

- Student
- Family
- Individual
- Senior Couple (65+)
- Senior Individual (65+)

Programs

- After School
- Summer Camp

List All Household Members (including applicant)

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

Financial Need Summary

Please summarize your need for financial assistance

Financial Information

Please bring with you to your membership appointment, a copy of your most recent tax return, Form 1040.

Additionally, one of the below forms of documentation is also required.

- Three most recent pay stubs
- SSI or Disability Statements
- Unemployment Statements

Household income for the past year was \$ _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

acac Team Use Only

Documentation Included:

Membership

Programs

___ IRS Form 1040

Membership Type: _____

Program: _____

___ Pay Stubs

Monthly Dues: _____

Program Scholarship % _____

___ SSI/Disability

Membership Scholarship % _____

Team Approving Application: _____ Date Notified: _____

Offer Valid Through: _____

CCP President/Treasurer Signature: _____ Date: _____