



# 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

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## 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: \_\_\_\_\_