



Request For Financial Assistance  
All information is confidential

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Please check one:  Rent  Own

Are you able to volunteer for ASAP!?!?  YES  NO

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse/Partner/Other Guardian:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all children in your family who you support:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

List programs in which you wish to enroll and who in your household would like to attend:

Name of Program	Name of Attendee	Tuition Fee

Total Program Fees: \$ \_\_\_\_\_

Amount you are able to pay: \$ \_\_\_\_\_

Executive Director Remarks: \_\_\_\_\_

Amount of assistance requested: \$ \_\_\_\_\_

Please write a short statement about why you should qualify for financial assistance.

**Required Documents:**

Federal tax return (1<sup>st</sup> TWO pages)

**Financial Assistance Policy:**

Attendance Expectations: You/your child must attend every class for the program(s) registered, except in the case of illness or emergency.

Reapplying for Financial Assistance: You may apply for financial assistance as often as you'd like. You will need to complete a new Request for Financial Assistance if 1) Your last Request was submitted in a previous calendar year or 2) Your financial situation has changed since your last Request.

*I have read and agree to abide by the rules and regulations associated with ASAP!'s financial assistance policy. All information supplied is true and accurate. I understand that incomplete applications not accompanied by proper financial documentation will be delayed and that no determination of eligibility will be made until my application is complete. I further understand that I am responsible for the portion of the tuition fee that financial assistance does not cover.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return your complete form with required documents to: ASAP!, P.O. Box 15, Washington Depot, CT 06794

Or, you can email your completed form and required documents to: [FinancialAssistance@asapct.org](mailto:FinancialAssistance@asapct.org)

FOR ASAP! USE ONLY: Amount Approved \_\_\_\_\_ Date Approved \_\_\_\_\_ Date Entered \_\_\_\_\_