



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 (1st 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

FOR ASAP! USE ONLY: Amount Approved _____ Date Approved _____ Date Entered _____