



Financial Assistance Application

(All requests will be kept strictly confidential)

Family Name: _____ Date: _____

Address: _____ Phone: _____

Name of Child(ren)

Age

Program Name

Total Family Size: (Include all persons who reside @ the above address) _____

Current Employer:

Mother: _____ Phone: _____

Father: _____ Phone: _____

Total Gross Monthly Income: _____

Total Monthly Expenses: _____

What can you afford to pay towards your program fee per child? _____

Please state your reason for requesting financial assistance: _____

The information I have provided on this form is correct. I agree to provide additional documentation to verify this need if requested. I also agree to notify the EYC if my financial status changes at any time.

Signature of Parent/Guardian

Date