



Inspiring all girls to be strong, smart, and bold

Girls Inc. of Greater Santa Barbara
Financial Assistance Application
CONFIDENTIAL INFORMATION

Are you NEW to Girls Inc?
Yes (welcome!)
No (glad you are still with us!)

Name of Girls(s) Date of Birth (month/day/year)

School Grade(s)

Name of Parent(s)/Guardian(s)

Address of Parent(s)/Guardian(s) Home Phone:

City Zip Code Cell Phone:

Marital Status: Single Married Separated Divorced Widowed

Adults in the home: # children/dependants in the home: # girls aged 5-18 in the home:

How many adults are contributing to your household income?
(Application will not be processed unless complete income information and financial documentation for each contributing adult is provided)

Employment Information:

Workplace of Parent/Guardian #1 Position/Title:

Address Work Phone

Workplace of Parent/Guardian/Adult in home #2 Position/Title:

Address Work Phone

Name/s and Places of Employment of Other Adult/s Contributing to Household Income:

OFFICE USE ONLY

Date application received: Most recent Level awarded: Year: Level:

Tax Return: Y/N Two Recent Pay Stubs: Y/N Other Income Forms:

Total Yearly Income Number of Dependents Scholarship Level

EFFECTIVE DATE APPROVED BY DATE

Income Information:

Please fill in **TOTAL GROSS MONTHLY INCOME** in the area listed below. Be sure to include relevant income information for **all adults** contributing to this child's welfare.

Salary, wages and tips (gross) _____

TANF _____ (Temporary Assistance to Needy Families, former known as AFDC)

SNAP _____ (Supplemental Nutrition Assistance Program)

WIC _____ (Women, Infants and Children)

Workers Compensation _____

Child Support Payments _____

Social Security Payments _____ Total # in family/in home _____

Housing Subsidies _____ Total Adults in home _____

Financial Aid (if student) _____ Total Children in home _____

Other _____

TOTAL _____

Please describe expenses **ABOVE AND BEYOND** normal living costs: _____

I declare that the above information is correct to the best of my knowledge and that I will inform Girls Incorporated of Greater Santa Barbara if any of the above information changes _____ (initial)

I understand that Girls Incorporated of Greater Santa Barbara reserves the right to revoke my scholarship at any time; advance notice will be provided. _____ (initial)

IMPORTANT: In order to submit this application, you must provide thorough proof of your income. This consists of all of the following for each/every adult contributing to household income:

- 2 recent paycheck stubs from current employer
- A copy of the latest tax return filed
- A copy of all other financial documents (i.e. TANF, Child Support, Financial Aid etc.)

Parent/Guardian Signature _____ Date _____ Staff Initials _____