



Inspiring all girls to be strong, smart, and bold

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

Child's Name: _____ Date of Birth: __/__/__

School: _____ Grade: _____

Parent(s)/Guardian(s): _____

Address of Parent(s)/Guardian(s): _____

City: _____

Zip Code: _____

Home Phone: _____

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:

CENTER USE ONLY

Date application received: __/__/__

Most recent Level awarded: Year: _____ Level: _____

Tax Return: Y/N

Two Recent Pay Stubs: Y/N

Other Income Forms: _____

ADMIN USE ONLY

Total Yearly Income: _____

Number of Dependents: _____

Scholarship Level: _____

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	_____
Housing Subsidies	_____
Financial Aid (if student)	_____
Other	_____
TOTAL	_____

Please describe expenses **ABOVE AND BEYOND** normal living costs (may include large medical bills, lawyer fees, other out of the ordinary circumstances):

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

I understand that Girls Inc. of Greater Santa Barbara reserves the right to revoke my financial assistance 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 relevant financial documents (i.e. TANF, Child Support, Financial Aid etc.)

Parent/Guardian Signature: _____ Date: _____