



Inspiring all girls to be strong, smart, and bold

Girls Inc. of Greater Santa Barbara Financial Assistance Application Aplicación de Asistencia Financiera

CONFIDENTIAL INFORMATION / INFORMACION CONFIDENCIAL

Child's Name(s)/Nombre de niña(s): _____

Date of Birth/Fecha de Nacimiento: ____/____/____

Age/Edad: _____

School/Escuela: _____

Grade/Grado: _____

Parent/Guardian/Padre/Guardián: _____ Phone/Teléfono 1: _____

Adults in the home/Adultos en casa: _____ # children/dependants in the home/ Niños/dependientes en casa: _____

of adults contributing to your household income/Adultos contribuyen a los ingresos del hogar? _____

Application will not be processed unless complete income information and financial documentation for each contributing adult is provided **(2 recent paycheck stubs from current employer, a copy of the latest tax return filed and a copy of all other relevant financial documents (i.e. TANF, Child Support, Unemployment, etc.)**

La aplicación no se procesará a menos que se proporcione información completa sobre ingresos y documentación financiera para cada adulto contribuyente **(Los últimos 2 talones de cheques de su empleo, copias de su última declaración de ingresos, copias de otros documentos financieros (i.e. TANF, Child Support, Desempleo, etc.)**

Income Information

Include relevant income information for **all adults** contributing to this child's welfare.

Salary, wages and tips (monthly gross income) _____

Prior Year Adj. Gross Income (taxes filed) _____

Workers Compensation/Unemployment _____

Child Support Payments (monthly) _____

Social Security Payments (monthly) _____

Financial Aid (if student) _____

Other (please describe): _____

TOTAL _____

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 _____ (parent/guardian initials)

Declaro que la información anterior es correcta a lo mejor de mi conocimiento y que informaré a Girls Inc. de Greater Santa Barbara si la información anterior cambia _____ (iniciales de padre/guardián)

OFFICE USE ONLY / USO DE OFICINA SOLAMENTE

Date application received: ____/____/____

Most recent tier awarded: Year: _____ Tier: _____

Tier: _____ Rate: _____

Approved by: _____ Date: _____