



## Financial Assistance Application

Please fill out this form completely. Priority is given in the order of date received. Financial assistance is based on several factors and completion of this form is not a guarantee of financial assistance.

<b>Participants Name:</b> Last      First      Middle	<b>First Choice Session:</b> <b>Second Choice Session:</b>
<b>Street Address:</b>	<b>Birth date:</b>
<b>City/State/Zip</b>	<b>Grade:</b>

Name of Parent or Legal Guardian:	Relationship:	Home/Cell Phone:
Occupation:	Employer:	Email:
Name of Parent or Legal Guardian:	Relationship:	Home/Cell Phone:
Occupation:	Employer:	Email:
		Work Phone:

MONTHLY INCOME FROM ALL SOURCES		
	Gross	Net
Income (Salary, wages, commissions, etc.)	\$ _____	\$ _____
Agency Subsidy (SSI, AFDC, SSD, food stamps, medical aid)	\$ _____	\$ _____
Other (Alimony, child support, rental property, investments, etc.)	\$ _____	\$ _____
Totals	\$ _____	\$ _____

You must provide MONTHLY income verification (W-2, Paystubs, Voucher, SSI, etc.)

Please list the total number of people in household living on above income: \_\_\_\_\_

Special circumstances: \_\_\_\_\_

Amount I am able to financially contribute: \$ \_\_\_\_\_

I have skills/services I can contribute: \_\_\_\_\_

I declare that the aforementioned statements, to the best of my knowledge and belief, are true and correct. If requested to do so, I can or have provided substantiation of all facts including my current income. I agree to inform Westwind Stewardship Group of any changes in my financial status.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Office Use Only

Date Received:

Awarded Y/N: \_\_\_\_\_ % \$ \_\_\_\_\_

Date Evaluated:

Confirmed By:

Accepted Y/N

Evaluated By:

Applied to reservation: