



After School's Financial Assistance Application

This form MUST be submitted with After School's enrollment application. Requested Starting Date: _____
Please indicate if student(s) has a current contract with ELOP, 4C's, or any other agency providing subsidized care _____ . **Provide documentation.**

Child #1 First Name: _____ Last Name: _____ Birth Date _____ Grade _____

Child #2 First Name: _____ Last Name: _____ Birth Date _____ Grade _____

Home Address: _____ City _____ Zip _____

Number of family members at address listed above: Parents/Guardians ____ Children ____ Other Adults ____

Parent/Guardian #1: First Name _____ Last Name _____ Relationship to Child: _____
Employer: _____ Occupation: _____ Full Time ____ Part Time Hours per week _____
Hourly Wage/Monthly Salary _____

____ Unemployed. If currently unemployed, fee subsidy may be granted up to 2 months while parent/guardian is looking for employment. Proof of employment search will be required.

Parent/Guardian #2: First Name _____ Last Name _____ Relationship to Child: _____
Employer: _____ Occupation: _____ Full Time ____ Part Time Hours per week _____
Hourly Wage/Monthly Salary _____ Unemployed ____ Parent/Guardian #2 is not financially responsible for child.

All applicants must attach copies of most recent pay stub(s). Pay stub must include:

Name of employer, name of employee, date of payroll check, amount of gross pay, and pay period covered by the check. Pay stub must cover a minimum of one recent month. Additional months may be requested. If self-employed, please attach most recent estimated quarterly taxes and IRS Form 1040 Schedule C

(Business Income and Expense). Additional documents may be requested.

Other Income Received Monthly

Social Security \$ _____ Disability \$ _____ Unemployment \$ _____ Cal Works \$ _____ Other \$ _____

Non-Enrolled Children & Other Household Members

First Name _____ Last Name _____ Age _____

Relationship to Child _____ Claimed as dependent on tax return? __ Yes __ No

First Name _____ Last Name _____ Age _____

Relationship to Child _____ Claimed as dependent on tax return? __ Yes __ No

First Name _____ Last Name _____ Age _____

Relationship to Child _____ Claimed as dependent on tax return? __ Yes __ No Other

Considerations

Other considerations will be evaluated on a case-by-case basis.

The information submitted above is accurate to the best of my knowledge.

Parent/Guardian #1 Signature _____ Date _____