

FINANCIAL ASSISTANCE FOR ADULT EVENTS

Note: Please type or print using ball point pen.

TRAINING or EVENT INFORMATION

Name of training or event for which financial assistance is being requested _____
Date(s) _____

PERSONAL INFORMATION

Name _____
Address _____
City _____ Zip _____
Phone (Day) (____) _____ (Evening) (____) _____
E-mail _____
Service Unit _____ Current Volunteer Position _____

FINANCIAL INFORMATION

Gross annual family income (include wages and all other forms of income) \$ _____
No. of working adults in family _____ No. of dependent children _____
Other relevant information to be considered in granting assistance? (Attach separate sheet if necessary) _____ _____

PAYMENT INFORMATION

Total fee.	\$ _____
Less amount you can pay	\$ _____
Financial Assistance requested	\$ _____
Has applicant received financial assistance during the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when? _____	For: _____

Signature of applicant _____ Date _____

COUNCIL USE ONLY:	
Date Received: _____	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____
Staff Review: _____	Date Letter Sent: _____