

# Financial Assistance Application

ESS Community Projects, Inc. believes in providing programs to all who desire to participate. The financial assistance program, supported in part through donations to ESSCP, provides program services to those in need within our available resources.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Work Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_

Email: \_\_\_\_\_

(All financial assistance notification will be sent by email.)

**Please check one:**

I am not currently receiving any ESSCP Financial Assistance.

I am currently receiving ESSCP Financial Assistance and this application is for:  
\_\_\_\_\_ Renewal or \_\_\_\_\_ Request another program

Requesting Financial Assistance for (please check one):

Art After School  Summer Art School  
 School Break Workshop  Other (list) \_\_\_\_\_

Cost of Program: \$ \_\_\_\_\_

This request is for (Name): \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Please list all household members, including applicant:**

	<u>First Name</u>	<u>Last Name</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Please complete reverse side

Please share with us your need for financial assistance:

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Assistance currently receiving (please check all that apply):

Supplemental Security Income (SSI)     Food Stamps     Medicaid

Other: \_\_\_\_\_

I have attached a copy of my most recent household IRS 1040 Federal tax form (the first two pages of the 1040 are required in order to process all financial assistance requests).

I did not file an IRS Federal 1040 tax form for the past year and will sign the IRS 4506-T form to verify non-filing and give authorization to ESS Community Projects to confirm.

My household income for the past year was \$\_\_\_\_\_.

I hereby state that all information provided to ESS Community Projects is true and accurate.

Applicant Signature: \_\_\_\_\_

*For Office Use Only:*

Financial Assistance Award  Yes     No    Financial Assistance Amount: \_\_\_\_\_

Award Dates from \_\_\_\_\_ to \_\_\_\_\_

Date received \_\_\_\_\_ Received by \_\_\_\_\_ Date completed \_\_\_\_\_