

FINANCIAL ASSISTANCE APPLICATION



We offer a financial assistance program for those in need as we do not exclude anyone from participating in the program for financial reasons. The amount of the financial assistance is determined based on your need and what you request. We will use the information on this form and possibly interview you in order to assess your financial need. **The conference fee of \$125.00 or the amount owed based on the financial aid given, needs to be paid prior to the process. You must provide a copy of a driver's license, state I.D. or other official document that includes your signature.**

FINANCIAL ASSISTANCE REQUEST

Amount of Financial Assistance Requested: \$	Today's Date:
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APPLICANT INFORMATION

Participant Name:		Phone:
Participant Date of birth:	Date of offense:	School:
Parent Name:		H. Phone:
Date of birth:	SSN:	W. Phone:
Current address:		C. Phone:
City:	State:	ZIP Code:

How long have you lived at this address?

Reason for requesting financial assistance:

PARENT / GUARDIAN EMPLOYMENT INFORMATION

Parent/Guardian's (if participant is a minor) primary employer and source(s) of support:

Please check any financial or economic supports you receive:

TANF Food Stamps Child Support Workers Comp. Unemployment Social Security Benefits

Other-please explain:

Employer's address:		How long?
Supervisor's name:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Primary Position:	Hourly Salary (Please check)	Monthly Income:

If the parent(s) or guardian(s) have additional jobs, please list them below under "Other Sources of Income"

PARTICIPANT EMPLOYMENT INFORMATION

Participant's primary employer:		
Employer's address:		How long?
Supervisor's name:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Monthly Income:

If you have additional jobs, please list them below under "Other Sources of Income"

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FINANCIAL OBLIGATIONS

Expenses/bills (rent, loans, etc....)		Average monthly expense or Current balance (if any)	Monthly payment

OTHER ASSETS OR SOURCES OF INCOME FOR PARENT/ GUARDIAN / PARTICIPANT

Other Income Description	Value	Parent / Guardian / Participant

What is the total annual income of the household? _____

How many people are supported by the total income of your household? _____

SIGNATURES

I authorize LCJP to verify the information provided on this form with regard to my income, credit and employment history.

Signature of participant:	Date:
Signature of parent/ guardian	Date:

NOTE: By signing this form you agree that all of the information you have provided is true and accurate to the best of your knowledge at the time you fill out the form. If before or during the program you discover that anything you have reported here is in error or your financial condition substantially changes, you agree to inform LCJP of these changes or corrections before the program is completed. If, in the judgment of LCJP, this alters your eligibility for this scholarship, we will notify you and expect you to take responsibility for some, or all, of the fee of participation.

PRIVACY POLICY: LCJP and its cooperating agencies will keep the information you provide confidential. The information will be used only to assess your eligibility for a scholarship to the program. Information you provide and the results of our verification may be shared with the referring agency.

VERIFICATION: Information on this form may be verified and financial assistance may be offered based on that information and the interview. If for any reason LCJP or its cooperating agencies discover that you have provided erroneous or fraudulent information, you will be billed for the entire cost of the process. You agree to allow LCJP to contact any and all persons or entities you have listed on this form to request confirmation of any of the information you have provided. We will keep the reason for our inquiries confidential.

For use of LCJP

Amount approved:	Case coordinator:	Date:
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