



Confidential Application Financial Assistance

We never want money to be a reason why someone doesn't join our program. However please note that our ability to provide everyone with either a discount or a complete scholarship upon request is limited. In order to assist in our process, we might ask you for more information such as a letter from your employer or what you can afford to pay. These attempts are solely to provide us with the whole picture in determining our decision for your request. **All information is confidential.** Completion of this application does not guarantee approval. Please allow two weeks for processing.

PRIMARY ADULT

_____		_____		_____		Do you receive income?	
First & Last Name		Home Phone		Alternate Phone		Yes	No
_____		Apt.	City	Zip			
Address							

SECONDARY ADULT

_____		_____		_____		Do you receive income?	
First & Last Name		Home Phone		Alternate Phone		Yes	No

FAMILY MEMBERS

_____	_____	_____	Number of adults over 18 in your home: _____
First & Last Name	Date of birth	Grade	
			Number of children under 18 in your home: _____
_____	_____	_____	
First & Last Name	Date of birth	Grade	
_____	_____	_____	
First & Last Name	Date of birth	Grade	

WHAT PROGRAM(S) ARE YOU APPLYING FOR? (Complete appropriate sections below.)

<p>AFTER SCHOOL</p> <p>5 days: 6:00 5:00</p> <p>4 days: 6:00 5:00</p> <p>3 days: 6:00 5:00</p> <p>2 days: 6:00 5:00</p> <p>1 day: 6:00 5:00</p> <p>Incl. Early Dismissal Day</p> <hr/> <p>OPEN SPORTS CLASSES</p> <p>Monday - Friday</p> <p>Saturday</p>	<p>DAY CAMPS</p> <p>Summer Camp:</p> <p>Day Camp (circle weeks): 1 2 3 4 5 6 7 8 9 10</p> <p>Specialty Camp (List Camp): _____</p> <p>Sports Camp (List Camp): _____</p> <p>Holiday Camp:</p> <p>Winter (circle days): M T W Th F</p> <p>Spring (circle days): M T W Th F</p> <p>Other (circle days): M T W Th F</p>
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HOUSEHOLD MONTHLY INCOME

Please attach appropriate qualifying documents*:

1. Current federal tax return
2. Two of the most recent pay stubs from primary and secondary adult (if applicable)
3. Copy of free/reduced lunch confirmation letter
4. If you receive any state or federal financial assistance, a copy of the most recent statement or voucher
5. Details and amounts of income or assistance you currently receive for:

Unemployment: \$ _____ Social Security (SSI): \$ _____ Disability: \$ _____
 Child Support/Alimony: \$ _____ Pension/Retirement: \$ _____ Other: \$ _____

*Feel free to black out social security numbers and account numbers.

Are you currently employed? Yes No

Are you receiving any other financial assistance? _____

Are there any other factors we should take into consideration in evaluating your need for assistance?

Supporting documents will not be returned, so please enclose photocopies. You will be notified when it is time to reapply for financial assistance. Each application is reviewed and approved independently. If there are changes in your income, please notify Coach Derek Inc.

ACKNOWLEDGEMENT

I acknowledge by my signature below, that all of the information on this form is accurate and complete. I agree to provide additional documentation to verify need, if requested. I am aware that on-time program payments are required to receive financial assistance awards.

 Signature Date

Your signature indicates that you understand the policies and procedures of the Coach Derek Inc. Financial Assistance program.

Coach Derek Inc.
 2711 N Sepulveda Blvd. Suite 211 • Manhattan Beach CA 90266
 Phone: 310-291-7870 • Fax: 310-943-0411
 E-mail: coachderek afterschool@gmail.com

FOR STAFF USE ONLY
 Staff Name: _____