

BOYD COMMUNITY CENTER
2015/2016 CONFIDENTIAL FINANCIAL ASSISTANCE FORM

1220 Powers Run Road
Pittsburgh, PA 15238

CLASS THAT YOU ARE APPLYING FOR FINANCIAL AID:

Class _____ Week _____
Class _____ Week _____
Class _____ Week _____

PERSONAL INFORMATION:

Name: _____

Home Phone Number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email address: _____

Occupation: _____

Employer: _____

Phone: _____ Length of Employment: _____

SPOUSE INFORMATION (IF APPLICABLE):

Occupation: _____

Employer: _____

Phone: _____ Length of Employment: _____

Total Family Size: _____ Adults: _____ Children: _____

NAME(S) OF PARTICIPANTS APPLYING FOR FINANCIAL ASSISTANCE:

- 1. _____ Age _____ Birthdate ___/___/___
- 2. _____ Age _____ Birthdate ___/___/___
- 3. _____ Age _____ Birthdate ___/___/___
- 4. _____ Age _____ Birthdate ___/___/___
- 5. _____ Age _____ Birthdate ___/___/___

<u>PLEASE ITEMIZE YOUR ANNUAL INCOME</u>	
WAGES, SALARIES, AND TIPS	\$ _____
UNEMPLOYMENT COMPENSATIONS	\$ _____
CHILD SUPPORT	\$ _____
FOOD STAMPS	\$ _____
401K/RETIREMENT FUND/IRA	\$ _____
ALIMONY	\$ _____
INVESTMENT INCOME	\$ _____
OTHER	\$ _____

Please mail the completed application and copies of the following documents to Boyd Community Center, 1220 Powers Run Road, Pittsburgh, PA 15238:

- 1. Most recently prepared Federal Income Tax Return
- 2. Most recent W-2's and/or 1099-R's
- 3. Most current paycheck stub from employer
- 4. If applicable, current SSI benefits verification letter or payment stub

I am submitting income verification with my application for financial assistance and certify that the above information is true and complete to the best of my knowledge.

Signed: _____ **Date:** _____

For Office Use Only:	
Date Received: _____	
Follow up made: _____	Initials: _____
Finalization: _____	
Final Contact: _____	Initials: _____