



LAURI ANN WEST
COMMUNITY CENTER

CONFIDENTIAL FINANCIAL ASSISTANCE FORM

1220 Powers Run Road
Pittsburgh, PA 15238

PERSONAL INFORMATION

Name:	Home Phone Number:	
Street Address:	City/State/Zip:	
Email Address:	Occupation:	
Employer:	Employer Phone:	Length of Employment:

SPOUSE INFORMATION (IF APPLICABLE):

Name:	Occupation:	
Employer:	Employer Phone:	Length of Employment:

FAMILY INFORMATION (IF APPLICABLE):

Total Family Size:	Children:	Adults:
--------------------	-----------	---------

NAME(S) OF PARTICIPANTS APPLYING FOR FINANCIAL ASSISTANCE:

Name:	Age:	Birthdate:
Name:	Age:	Birthdate:
Name:	Age:	Birthdate:
Name:	Age:	Birthdate:
Name:	Age:	Birthdate:

AREAS OF INTEREST

Fitness Center

Personal Training

Programming

A&E Program

INCOME INFORMATION

Wages, Salaries, Tips	\$ _____
Unemployment Compensation	\$ _____
Child Support	\$ _____
Food Stamps	\$ _____
Alimony	\$ _____
Investment Income	\$ _____
Other	\$ _____
TOTAL	\$ _____

Describe any special circumstances or unusual expenses you must meet that should be used in determining assistance:

Once you submit this application please mail, email, or drop off copies of the following documents to:

Lauri Ann West Community Center
1220 Powers Run Road
Pittsburgh, PA 15238
mdrum@lauriannwestcc.org

1. Most recently prepared Federal Income Tax Return (pgs 1 & 2 of form 1040 or complete form 1040EZ)
2. Two most recent pay stubs for all working household members

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.

Signature: _____

Date: _____

For Office Use Only:

Date Received:

Follow Up Made:

Financial Aid Award Determination:

Initials:

Final Contact:

Initials: