

PROGRAM
☐ Schools Out
☐ Enrichment Sponsorship
☐ Grants & Scholarships

Application #: Office Use Only

REQUEST FOR FINANCIAL ASSISTANCE

Step 1 thru Step 5 should contain the s	students information. PLEASE PRINT OR TYPE	•	
STEP 1 Last Name:	First Name:		Middle Initial:
			•
Student Contact Information:	Parent Con	tact Information:	
Home: ()	Home: ()	
Work: ()	Work: (
Cell: ()	Cell: ()	
eMail:	eMail:		
School/College Currently Attending:		Phone:	
School/College Address:		Grade Level:	G.P.A.:
STEP 2			
Date of Birth:	Age:	Gender: ☐ Male ☐ Fe	emale
☐ American Indian or Alaska Native ☐ Asian	☐ Black or African American☐ Hispanic or Latino(a)☐ Native H	Hawaiian/Pacific Islander	☐ More than one race
STEP 3			
Are you a U.S. Citizen? ☐ Yes ☐ No	S.S.N Permar	nent Resident	
If you are not a U.S. Citizen, are you a P		lumber: A	
4=== 4			
STEP 4	Father/Guardian's N	lama	
Has your mother earned/received a four			
Has your father earned/received a four-	year degree in the U.S.? ☐ Yes	□No	
Which parent did you regularly reside w ☐ Mother ☐ Father	ith and receive support from during your childho ☐ Both Mother and Father ☐ Legal	Guardian (neither Mother	
STEP 5			
	the questions in STEP 5 and skip ahead to STEF er the questions in STEP 5 and then go to STEP		
	ster's or doctorate program (e.g., M.A., M.B.A.,		? □ Yes □ No □ Yes □ No
Do you have children who receive more		mare than half of their	☐ Yes ☐ No
	children or spouse) who live with you and receive are you (or were you until age 18) a ward/dependres?		oport from you?

Step 6 should contain the custodial parent/guardian information if the student is under the age of 24. PLEASE PRINT OR TYPE.

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	•	_	_	n

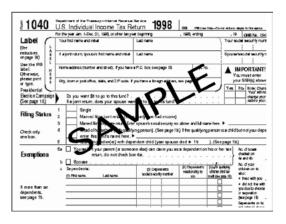
You must answer the questions in STEP 6 if Your parent(s) must answer the questions ir 5.					ΈP	
Mother: □I did □I did not graduate from Father: □I did □I did not graduate from I live in an area that is primarily low income. What is the total number of persons in your	m a four-year college in the U.S. ☐ Yes ☐ No					
Please select one of the following boxes:						
\square Household taxable (not total) income from	the last calendar year was \$					
Note: Your taxable income can be found on the filed for the last calendar year. On IRSform	e Federal income tax return you n 1040, see line 42. On IRS form 1040A, see	line 27. On IRS form 1040E	Z, see line 6. On IRS Tel	lefile, see lir	ne К1.	
\Box I attest that my household did not file a Fed	eral income tax return for the last calen	dar vear. Household inco	me was \$			
☐ I attest that my household had no taxable in		,	4			
By signing below, I certify that all of the information on Coalition For Community Action And Reform, Inc. to coand to obtain full access to my child's academic recorn permission to CFCAAR to use my child's name and imexhibition, or reproduction made by or on behalf of CFC to CFCAAR I understand that the information in these rethe effectiveness of program activities and fulfill program	onsult and/or refer my child to a professional of ds from school or the Department of Education age, likeness, actions and statements in any live AAR for promotion, illustration, or advertising of accords will be used only to assess the student's	counselor when such counselir n to help my child with both a ve or recorded audio, video, or of CFCAAR I authorize the relea s need for program services, d	ng is deemed by CFCAAR cademic and college prep r photographic display or o use of official high school a liscern his/her educational	to be appro- aration. I alsother transmand college re progress, ev	opriate so give nission ecords valuate	
Student/Participant Signature	Date Parent's/Le	egel Guardian's Signature		Date		
Note: A parent's signature is required if applicant				Duto		
The 20 FAP for family of with a Approval Recommended 100% 75% 50% 25% Not Recommended for Approval	an income of \$ai Approval Recommended 100% 75% 50% 25% Not Recommended for App	□ App 100 75% 50% 25%	% %		-	
Reason:	Reason:		Reason:			
Eligibility:	richment Sponsorship	0 □11 □12 □ Other or the ability to complete s '□ Yes □ No	0 □11 □12 such a program? □	Yes □ N		
Community Program Director (Name)	Board of Directors (N	ame) CI	hief Executive Office	r (Name)		
Community Program Director (Signature	e) Board of Directors (Sign	nature) — Chic	ef Executive Officer (Signature)	_	

INSTRUCTIONS

- 1. Applicants must live or attend school in the Borough of Manhattan, Brooklyn, Bronx, Queens, or Staten Island.
- 2. Applicants are to provide the following two documents with their completed application. Without these documents applications are considered incomplete.

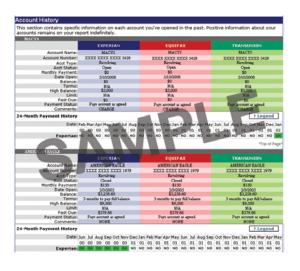
Document 1:

A copy of the parent or guardian's most recent signed Federal Income Tax Return-Form 1040 (pages 1-2) with the applicant declared as a dependent or a public assistance budget letter.



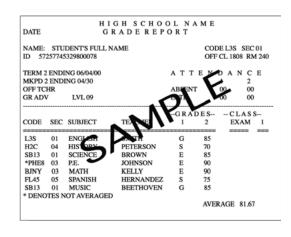
Document 3:

A copy of your credit report displaying your financial history.



Document 2:

A copy of the student's most recent Report Card or Transcript with numerical grades.



Document 4:

Include a short story written or vocalized to you by the student on the following topic: Tell us about yourself – what you do, what are you interested in, and how being apart of our program will change your life?

DEADLINE FOR APPLICATION SUBMISSION:

Fall (September - December) — August 1 Spring (February - April) — December 1 Summer (June - August) — May 1