

CFCAAR

PROGRAM

- Schools Out
- Enrichment Sponsorship
- Grants & Scholarships

Please Check Off Only One

Application #: _____
Office Use Only

REQUEST FOR FINANCIAL ASSISTANCE

Step 1 thru Step 5 should contain the students information. PLEASE PRINT OR TYPE.

▶ STEP 1

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Student Contact Information:

Home: () _____

Work: () _____

Cell: () _____

eMail: _____

Parent Contact Information:

Home: () _____

Work: () _____

Cell: () _____

eMail: _____

School/College Currently Attending: _____ Phone: _____

School/College Address: _____ Grade Level: _____ G.P.A.: _____

▶ STEP 2

Date of Birth: _____ Age: _____ Gender: Male Female

- American Indian or Alaska Native Black or African American White More than one race
 Asian Hispanic or Latino(a) Native Hawaiian/Pacific Islander

▶ STEP 3

Are you a U.S. Citizen? Yes No S.S.N. - -
If you are not a U.S. Citizen, are you a Permanent Resident? Yes No Alien Number: A

▶ STEP 4

Mother/Guardian's Name: _____ Father/Guardian's Name: _____

Has your mother earned/received a four-year degree in the U.S.? Yes No

Has your father earned/received a four-year degree in the U.S.? Yes No

Which parent did you regularly reside with and receive support from during your childhood (i.e., until you were 18 years old)?

- Mother Father Both Mother and Father Legal Guardian (neither Mother nor Father)

▶ STEP 5

If you are **at least 24 years old**, ignore the questions in STEP 5 and skip ahead to STEP 6.

If you are **less than 24 years old**, answer the questions in STEP 5 and then go to STEP 6.

Are you in college and working on a master's or doctorate program (e.g., M.A., M.B.A., M.D., J.D., Ph.D., Ed.D.)? Yes No

Are you married? Yes No

Do you have children who receive more than half of their support from you? Yes No

Do you have dependants (other than your children or spouse) who live with you and receive more than half of their support from you? Yes No

Are both of your parents deceased, or are you (or were you until age 18) a ward/dependant of the court? Yes No

Are you a veteran of the U.S. Armed Forces? Yes No

Coalition For Community Action And Reform, Inc. | Brooklyn, NY 11206

Phone: 1(917) 601-1949 | eMail: info@cfcaar.org | www.cfcaar.org

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

STEP 6

You must answer the questions in STEP 6 if you are at least 24 years old or you answered YES to any of the questions in STEP 5. Your parent(s) must answer the questions in STEP 6 if you are less than 24 years old and you answered NO to all of the questions in STEP 5.

Mother: I did I did not graduate from a four-year college in the U.S.

Father: I did I did not graduate from a four-year college in the U.S.

I live in an area that is primarily low income. Yes No

What is the total number of persons in your taxable household? _____

Please select one of the following boxes:

Household taxable (not total) income from the last calendar year was \$ [][][][] , [][][][]

Note: Your taxable income can be found on the Federal income tax return you filed for the last calendar year. On IRSform 1040, see line 42. On IRS form 1040A, see line 27. On IRS form 1040EZ, see line 6. On IRS Telefile, see line K1.

I attest that my household did not file a Federal income tax return for the last calendar year. Household income was \$ [][][][] , [][][][]

I attest that my household had no taxable income for the last calendar year.

By signing below, I certify that all of the information on this application and any attached documents are true and complete to the best of my knowledge. I give permission for Coalition For Community Action And Reform, Inc. to consult and/or refer my child to a professional counselor when such counseling is deemed by CFCAAR to be appropriate and to obtain full access to my child's academic records from school or the Department of Education to help my child with both academic and college preparation. I also give permission to CFCAAR to use my child's name and image, likeness, actions and statements in any live or recorded audio, video, or photographic display or other transmission, exhibition, or reproduction made by or on behalf of CFCAAR for promotion, illustration, or advertising of CFCAAR I authorize the release of official high school and college records to CFCAAR I understand that the information in these records will be used only to assess the student's need for program services, discern his/her educational progress, evaluate the effectiveness of program activities and fulfill program reporting requirements. I approve of the credit check that will take place in order for CFCAAR to verify my financial debt.

Student/Participant Signature Date Parent's/Legal Guardian's Signature Date

Note: A parent's signature is required if applicant is less than 24 years old and answered NO to all of the questions in STEP 5.

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The 20 ___ FAP for family of ___ with an income of \$ ___ and debt of \$ ___ D.I.R.= ___

Approval Recommended 100% 75% 50% 25% Not Recommended for Approval Reason:
Approval Recommended 100% 75% 50% 25% Not Recommended for Approval Reason:
Approval Recommended 100% 75% 50% 25% Not Recommended for Approval Reason:

Eligibility: Low Income First Generation High D.I.R. Other

Program: Schools Out Enrichment Sponsorship Grants & Scholarships

Highest grade level completed by the Applicant at time of entry into Project: 6 7 8 9 10 11 12

Applicant's grade level at time of entry into Project: 6 7 8 9 10 11 12 Other

Does the Applicant have potential for a program of post-secondary education or the ability to complete such a program? Yes No

Is the Applicant currently enrolled in a program of post-secondary education? Yes No

Does the Applicant have limited English proficiency? Yes No

Primary reason student needs Project Services: _____

Secondary reason student needs Project Services: _____

Community Program Director (Name) Board of Directors (Name) Chief Executive Officer (Name)

Community Program Director (Signature) Board of Directors (Signature) Chief 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.

Form 1040 U.S. Individual Income Tax Return 1998. The form includes sections for Label, Filing Status, Exemptions, and a large 'SAMPLE' watermark.

Document 2:

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

HIGH SCHOOL NAME GRADER REPORT. Includes student information, attendance record, and a table of grades for various subjects.

CODE	SEC	SUBJECT	TERM 1	TERM 2	GRADE	CLASS-EXAM
L3S	01	ENGLISH			G	85
H2C	04	HISTORY			S	70
SB13	01	SCIENCE			E	85
*PHE8	03	P.E.			E	90
BJNY	03	MATH			E	90
FL45	05	SPANISH			S	75
SB13	01	MUSIC			G	85

AVERAGE 81.67

Document 3:

A copy of your credit report displaying your financial history.

Account History credit report showing details for MACTY, AMERICAN EAGLE, and other accounts, including account numbers, balances, and payment status.

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