## **Request for Financial Assistance**

Students Name:		DOB:
Address:		
City:	Star	teZip:
Home:	Cell:	Work:
Email:		
Number of People in your household:# of children participating in MPAA		
What Pro	gramming/Summer Camp are you a	applying for:
How muc	h aid are you applying for:	
Total hou	sehold annual income (gross)	Current year's estimated income
Employment: Parent/Guardian 1:		Income:
Employment: Parent/Guardian 2:		Income:
Please answer the following questions as fully as possible:		
What are your reasons for seeking financial assistance?		
Please send a copy of the following form(s) of income verification:  Application can not be processed without the requested form(s)  -Copy of front page of current tax form & accompanying W2  -Copy of schedule C form (if self-employed)  -Other:  Would you be willing to help in the following areas:		
В	uilding Upkeep	Yes / No
F	ront Desk	Yes / No
н	ang Fliers/Posters	Yes / No
С	ostume Help	Yes / No
S	et Building/Painting	Yes / No