



*Many are the plans in a man's heart, but it is The Lord's PURPOSE that prevails.
Proverbs 19:21 (NLT)*

FINANCIAL ASSISTANCE APPLICATION

Thank you for your interest in the Girls with Purpose After School Program. It is part of our mission to be accessible to students of all financial backgrounds. Our ability to give financial aid is a critical part of ensuring the success of the organization. Applying for financial aid will neither increase nor decrease your chances of getting into a program.

Directions: Fill out the application for each student for whom you are applying for financial assistance. Sign and send in the application with your program application. You may be contacted for a follow-up phone interview. Please allow up to two weeks to process.

Program you are applying financial assistance for:

- Girls with Purpose Afterschool Program August 23, 2021 – June 8, 2022
- Girls with Purpose Summer Mentorship Program June 13 – August 19, 2022

APPLICANT INFORMATION:

Name of Parent/Guardian

Name of Mentee (applying for assistance)

Address:

Home Number:

City:

State:

Zip Code:

Email:

EMPLOYER INFORMATION:

Employer Name

Address:

Work Number:

City:

State:

Zip Code:

Email:

ALL PERSON LIVING IN THE HOUSEHOLD:

Parent/Guardian/Adult (over 18):

Sex	Name (last, first)	Age	Marital Status
_____	_____	_____	_____

Sex	Name (last, first)	Age	Marital Status
_____	_____	_____	_____

Children in Household (under the age of 18):

Sex	Name (last, first)	Age	Date of Birth
_____	_____	_____	_____

Sex	Name (last, first)	Age	Date of Birth
_____	_____	_____	_____

Sex	Name (last, first)	Age	Date of Birth
_____	_____	_____	_____

Sex	Name (last, first)	Age	Date of Birth
_____	_____	_____	_____

In order to determine your family eligibility, such documents are requested as proof. Please provide the following documents:

-Driver License or Identification Card for Primary Adult.

-Birth Certificates for all students applying for financial assistance (primary adult must be listed on child/ren birth certificate).

-Proof of all income (check stubs of **ALL** income and/or bank statement if you get direct deposit):

- Paid Weekly (last 4 pay stub)
- Paid Bi-Weekly (last 3 pay stub)
- Paid Monthly (last 2 pay stubs)

I certify that the above information is true and complete to the best of my knowledge, and I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event, that I cancel my child participation, I will contact GWP Administration immediately, so sponsorship can be provided to others. I understand that if I falsify any of the above information, I can be prosecuted and will never be eligible for any assistance regarding any of our programs.

**Must be 18 years or older
and be the parent or legal
guardian to authorize
registration.**

Printed Name of Parent/Guardian: _____ Date: _____

Parent/Guardian Signature: _____