

CONFIDENTIAL



Application for Financial Assistance

Lee Pesky Learning Center

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Lee Pesky Learning Center is a nonprofit organization dedicated to providing assessment, academic intervention, and counseling services for those with learning difficulties. Through its fundraising efforts, the Center is able to offer financial assistance to a limited number of individuals.

- To be considered for assistance, you need to complete the form below and return it with a copy of the first two pages of your most recent federal or state tax return.
The tax return submitted must list the client as a dependent or exemption.
If you will be receiving assessment services and you have insurance you also must submit the insurance information form and a copy of your insurance card. Any financial assistance from the Center will be applied after insurance payment has been made.

Name of Client _____

Name(s) of Parent or Legal Guardian _____

Home Address: _____
Street City State ZIP

Work Address: _____
Employer

Street City State ZIP

Home Phone: _____ Work Phone: _____

Annual Total Household Income (includes salaries, tips, government assistance, interest and dividend income, child support, other).

Gross Household Wages & Tips _____
Government Assistance _____
Interest & Dividends _____
Child Support _____
Other _____

TOTAL INCOME: _____

Number of people in household: Adults _____ Children _____

Current funds in: Savings Account(s) \$ _____
Checking Account(s) \$ _____
Cash \$ _____

Is someone else claiming you/your child on his/her income taxes? YES NO
If YES, is the person claiming you/your child responsible for paying part of the Center's fees? YES NO
If YES, we will need a copy of this person's tax return with this application.
If NO, we need documentation that the person is not responsible for a part of the bill.

*** Please include a copy of the first two pages of your most recent IRS tax return with this application.
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IF YOU DID NOT FILE A TAX RETURN LAST YEAR or IF YOUR FINANCIAL SITUATION HAS SIGNIFICANTLY CHANGED THIS YEAR, please answer the following questions and complete the chart below:

Total Household Income for Last Year (include income for each adult in the household). Please attach documentation (W-2 form, interest report, etc.)

	First Adult	Second Adult
Gross Household Wages & Tips:	_____	_____
Business/Farm/Rental Income:	_____	_____
Interest/Dividends (except tax-deferred funds)	_____	_____
Unemployment Benefits:	_____	_____
Social Security Benefits:	_____	_____
Veteran's Benefits:	_____	_____
Other Taxable Income (pension, IRA, etc):	_____	_____
Government Assistance:	_____	_____
Child Support:	_____	_____
Other (food stamps, voc rehab.. etc.):	_____	_____
TOTAL INCOME for Last Year:	_____	_____

Current Income Sources for Each Household member (please attach documentation):

Employment: Employer Name and Address: _____

Employer Address: _____

Hours per week worked _____

Hourly wage _____

Unemployment Benefits (weekly amount): _____

Child Support (Monthly): _____

Other: _____

Notice: Because an increased number of individuals have qualified for financial assistance this year, we regret that our scholarship fund is allocated for the 2009-2010 academic year. However, new applications for assistance will be accepted and evaluated for eligibility, and those eligible will go on a wait list on a first-come first-served basis. As funds become available, we will notify the next person on the list.

I certify that the information contained on this form or any other submission in connection with this application is correct and complete to the best of my knowledge.

Signature: _____

Date: _____

Print Name: _____