

**Linworth Children's Center
Financial Assistance Program
Application**

Child's Name _____ Date _____

Class of Interest _____

Parent/Guardian Names _____

Address _____

Phone numbers where you can be reached _____

Email address _____

How many individuals in your household? ___Adults ___Children

Please list all sources and amounts of household income:

Source	Income	Monthly or Annual
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How do you feel financial assistance would benefit your child?

Are there any other extenuating circumstances that contribute to your need for financial assistance?

How did you hear about Linworth Children's Center? _____

I attest that the information contained in this document is correct to the best of my knowledge. I understand that if I receive financial assistance from LCC I will be required to volunteer at a minimum of one LCC event during the term of the assistance.

Signature

Date

Signature

Date

Please attach copies of the following documents to this application. These must be attached in order for the Financial Assistance Committee to consider your application.

Last two W-2s or tax returns (for all income earners)
Paycheck stub (for all income earners)

Office Use Only:

Monthly Tuition _____

Family's Monthly Payment _____

Financial Assistance Amount _____

Approved:

LCC Financial Assistance Committee
Representative

Date

Denied:

LCC Financial Assistance Committee
Representative

Date

Reason for denial:

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