

PACC FINANCIAL ASSISTANCE

CONTACT INFO -

Name: _____

Contact Phone: _____

Date of Birth: _____

Email: _____

Address: _____

Employer: _____

City/State/Zip: _____

Marital Status: Married Single

APPLICANT EXPECTATIONS:

**A parent must complete application on behalf of anyone under the age of 18.
Required documentation are photocopies of your 3 most recent paystubs and copies
of your 3 most recent financial assistance/aid that you have received. This
application will not be processed without this.**

**FAMILY would include no more than 2 adults and up to 4 dependent children claimed
on your tax return and residing with you:**

Info:	First & Last Name:	M/F	Date of Birth:	School/Employer:
Adult	_____	_____	_____	_____
Adult	_____	_____	_____	_____
Child	_____	_____	_____	_____
Child	_____	_____	_____	_____
Child	_____	_____	_____	_____
Child	_____	_____	_____	_____

APPLICATION IS FOR: ___ Student ___ Single ___ Couple ___ Family

Do you have insurance? _____

How much do you feel you could afford to pay? _____/mnth

Office Use Only:

Date Received: _____

Date Reviewed: _____

QUESTIONS

Are you currently a member of the PACC? _____

Have you ever applied for financial assistance before? _____ If so, date: _____

Please explain why you would like to be considered for financial assistance. List any extenuating circumstances that contribute to your financial need at this time (medical, disability, unemployment, other.)

What benefits do you see in having financial assistance provided to join the PACC as a member or participant?

What volunteer services could you provide to the PACC in exchange for financial assistance?

TERMS:

Current Scholarships will be approved at 1, 3 or 6 months depending on residency and need. We do require a minimum of 10 check-in's each month in order to continue, or the scholarship will be terminated. We want to make sure scholarships are put to good use and to show respect to our donors. You are able to renew an approved scholarship by submitting a new application and documents for approval. Please allow 2 weeks for review and completion.

Thank you for your application!

If you have any questions, please email:

membership@perhamareacommunitycenter.net