

FINANCIAL AID APPLICATION FORM

Date:

Child's Name:

Parent's Name:

Number of Family Members in Household:

Full Address:

Phone:

Best Email:

API Program you are applying for:

Kids for Camp

Project Lifesaver

Parent Empowerment Program

Other:

Documentation of financial need (please check one and attach document to form):

- Preferred - Front page of MOST RECENT processed tax return with Social Security Numbers blacked out. (Tax return must include child named above as dependent on taxes)
- Proof child named above receives SSI
- Proof child named above receives Free/Reduced lunch
- Proof of SNAP benefits/Medicaid benefits

If you have medical expenses or therapy expenses that you would like us to consider, contact the API office. You may also include a letter explaining special circumstances.

Documentation of financial need is required to apply for financial aid. Autism Pensacola reserves the right to request further documentation, if necessary. This process will be kept completely confidential.

FOR OFFICE USE ONLY:

RCVD:

PROC:

STATUS: