



Financial Assistance Form Leisure Services Department

Mail or email: Rhonda Hembree
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The St. Louis Arc provides financial assistance to individuals who otherwise could not participate in our programs due to financial hardship and/or extenuating circumstances. Financial assistance will be offered based upon need and the availability of funds to those individuals who qualify. To be considered for financial assistance, please complete the following form to the best of your ability and return as soon as possible.

DOWNLOAD THIS FORM TO YOUR COMPUTER AND SAVE, THEN REOPEN BEFORE FILLING

Participant's Name: _____ Date: _____

Primary Parent/Guardian Contact: _____ Email: _____

Address: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Is primary parent/guardian contact employed outside of the home? YES NO

If yes, place of employment? _____ If no, how long without employment? _____

If applicable, is secondary parent/guardian contact employed outside of the home? YES NO

If yes, place of employment? _____ If no, how long without employment? _____

Living Arrangements: Own Home Rent Live with Relatives Other: _____

How many adults live in the household? _____ Single Parent household? YES NO

How many other children live in household? _____ Please List Ages: _____

Please mark your Current Household gross income

- Under \$10,000
- \$10,001-\$20,000
- \$20,001-\$40,000
- \$40,001-\$70,000
- \$70,001-\$100,000
- Over \$100,000

Please note: You may be asked to provide additional supporting documentation such as proof of total household income, list of assets and liabilities to evaluate financial need.

Each individual/family is asked to contribute towards the cost of program fees. Based on the amount of the program fee, what amount are you able to pay?

<u>Please Indicate the Program</u>	<u>Cost of Program</u>	<u>The amount you are able to pay</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Please explain why you would like to be considered for financial assistance (Include any special circumstances that warrant consideration):

Applications must be completed in full and are processed in the order they are received. A response will be given to you within two weeks of the St. Louis Arc receiving the application.

The St. Louis Arc reserves the right to collect outstanding balances prior to considering assistance. Falsification of any information submitted for consideration of financial assistance will result in the immediate annulment of any granted assistance.

Upon completing this application and signing it I certify that the information supplied therein is true, accurate and complete to the best of my knowledge and I have read, understand and agree with the St. Louis Arc Financial Assistance policies.

Name of Person Completing form: _____ **Date:** _____

Name of Person Requesting Assistance: _____ **Date:** _____

Office use only:

Appraisal conducted by: _____ Date: _____

Comments: _____ Amount of assistance granted: \$ _____