



Family Financial Assistance Application

Age Group: _____ Team: _____

Childs Name: _____

Address: _____ Apt #: _____

City: _____ St: _____ Zip: _____

Lives with: Both Parents Mother Father Other: _____

Mother/Guardian: _____

Address: _____ Apt #: _____

City: _____ St: _____ Zip: _____

Phone: _____ Cell: _____

If applying for Financial Assistance other than payment plan please complete:

Monthly Inc.: \$ _____ Employer: _____

Phone: _____ Please provide copy of Pay Stub.

Father/Guardian: _____

Address: _____ Apt #: _____

City: _____ St: _____ Zip: _____

Phone: _____ Cell: _____

If applying for Financial Assistance other than payment plan please complete:

Monthly Inc.: \$ _____ Employer: _____

Phone: _____ Please provide copy of Pay Stub.

Brief Description of Financial Need: _____

Documentation Required:

Pay Stub Mother **Pay Stub Father**

For Aloha United Office Use Only

Registered with AU

Payment Plan Established

Terms: _____

Applied THPRD

Awarded Declined

Amount of Award \$ _____

Letter Received Date _____

Uniform Assistance

Details: _____

Pay Stubs Received: Mother Father Free Lunch Documentation

Sent to AU Financial Review Board

Determination of Review Board: _____
