

2016 APPLICATION FOR FINANCIAL ASSISTANCE

URBANFRAME seeks to offer meaningful assistance to the largest number of participants each year. Each request is handled individually and evaluation based exclusively on the financial information provided. No person shall be excluded from consideration because of race, religion, national origin or sexual preference. Any attempt to falsify information will disqualify this and all future applications for that individual. All information provided will remain confidential.

Please complete this form and email to dmh@urbanframe.org.

---

Name of Student

---

Name of Parent or Guardian Submitting Request

---

Name of Second Parent or Legal Guardian

---

Name of Employer(s)

---

Total Monthly Household Income (including wages, welfare, child support, alimony, pensions, retirement, social security, unemployment benefits and all other sources.)

---

Will the participant receive financial aid from any other source (such as grants, scholarships and other donations)?

---

If yes, list the sources of aid and amount expected.

---

I am requesting \$ in financial aid.

Any additional information that you feel would be helpful to our review may be submitted here or attached with this application.

---

---

---

---

---

---

I certify that the above information is true and correct and that all income is reported.

---

Signed (Parent or Legal Guardian)