



**Be Curious. Be Confident. Be Inspired...**

**82-66 Austin Street, Kew Gardens, NY 11415 Tel. (718) 480-3709 Email: register@thinkingcapny.com**

## FINANCIAL ASSISTANCE APPLICATION

ThinkingCAP's financial assistance program provides after school service to those in need within our available resources.

### APPLICANT INFORMATION

Applicant's Name \_\_\_\_\_

Address Street \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email Address (All financial assistance notifications will be sent by email) \_\_\_\_\_

### CURRENT STATUS (Please check one)

- I am not currently receiving any ThinkingCAP financial assistance
- I am currently receiving ThinkingCAP financial assistance and this application is for:
- Renewal or  Request for another program

This request is for

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Requesting Financial Assistance for (Please check one):

- 5 days a week program  4 days a week program  3 days a week program  2 days a week program

Other Program (List) \_\_\_\_\_

School Year \_\_\_\_\_ Cost of Program \$ \_\_\_\_\_

### LIST ALL HOUSEHOLD MEMBERS (Including applicant)

First Name	Last Name	Relationship
1.		
2.		
3.		
4.		
5.		



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Please share with us your need for financial assistance

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**OTHER ASSISTANCE YOU RECEIVE** (Please check all that apply)

- Food Stamps
- Medicaid
- Other \_\_\_\_\_
  
- I have attached copies of my last 2 years household 1040 Federal Tax Form (The first two pages of the 1040 are requested in order to process all financial assistance requests).
- I did not file an IRS 1040 Federal Tax Form for the past 2 years and will sign the IRS 4506-T form to verify non-filing and give authorization to ThinkingCAP to confirm.
- I have attached copies of my 2 recent pay stubs.

My household income for the past year was \$ \_\_\_\_\_

I hereby state that all information provided to ThinkingCAP is true and accurate.

Applicant's signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*An interview will be set up for the potential qualified applicant**

For Office Use Only

Interview Date \_\_\_\_\_ Financial Assistance Award  Yes  No

Financial Assistance Amount \$ \_\_\_\_\_ Award Dates from \_\_\_\_\_ to \_\_\_\_\_

Date received \_\_\_\_\_ Received by \_\_\_\_\_ Date completed \_\_\_\_\_