



CARAIFA FOUNDATION Financial Aid Request

The confidential request for financial assistance enables us to fairly and consistently provide assistance for those in need.

Guidelines for the Financial Aid

1. THE REQUEST WILL NOT BE PROCESSED WITHOUT RELEVANT DOCUMENTATION.
2. All applications are reviewed by the CARAIFA EXECUTIVE. The following information is used to make the decisions of who will receive financial assistance:
 - a. Review of financial aid forms and proof of income.
 - b. Size of family in household.
 - c. Personal interview, if needed.

Financial Aid Application

Applicant Name Last _____ First _____

Address _____ City/Town _____

State _____ Zip _____

Home Phone _____ Mobile _____ Age _____ DOB _____

Male/Female _____

1st Parent/Guardian Name: Last _____ First _____

Employer _____ Work Phone _____

Gross Income _____

2nd Parent/Guardian Name: Last _____ First _____

Employer _____ Work Phone _____

Gross Income _____

Number of adults living in household _____

Number of children living in household _____

Names and ages of all members living in the household: (you may use more paper)

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: If you answer yes to any of the questions below, please provide documentation.

1. Are you receiving Welfare Program benefits? YES; NO \$ _____/Month

2. Are you receiving Food Stamps? YES; NO \$ _____/Month

3. Are you receiving Social Security benefits? YES; NO \$ _____/Month

4. Are you receiving Veteran's benefits? YES; NO \$ _____/Month

5. Are you receiving child support? YES; NO \$ _____/Month

6. Are you receiving spousal support? YES; NO \$ _____/Month

7. Are you employed? YES; NO \$ _____/Month

8. Is your spouse employed? YES; NO \$ _____/Month

9. Do you/ spouse receive Unemployment Benefits? YES; NO _____/Month

Indicate the attached documentation in the space below :

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Brief description of why you need financial assistance.

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Signature (Parent or Guardian if necessary)

Date

OFFICE USE ONLY

Date application was received: _____

Qualified Financial Assistance Level: _____

Comments: _____

Start date: _____ Expiration date: _____

CFC Signature _____ Date