

Adirondack Center Stage

FINANCIAL ASSISTANCE APPLICATION

PLEASE PRINT CLEARLY AND COMPLETE BOTH PAGES OF THE APPLICATION.

THANK YOU

Applications can be returned to Adirondack Center Stage PO Box 53, Corinth NY 12822 by June 1, 2019

HEAD OF HOUSEHOLD INFORMATION:

Last Name _____ First Name _____

Email Address _____ Age _____

Street Address _____

City _____ State _____ Zip _____

Employer _____ Occupation _____

Work Phone _____ Home Phone _____

TOTAL NUMBER OF PERSONS RESIDING IN HOUSEHOLD:

A. Total Number of Children _____

B. Total Number of Adults _____

C. Total Persons in Household _____ (A + B)

MARITAL STATUS OF PRIMARY ADULT: ___ Single ___ Married (living w/spouse)
___ Married (spouse absent) ___ Divorced ___ Legally Separated ___ Widowed

SPOUSE OR CONTRIBUTING ADULT:

Name _____ Age _____

Living in the same household ___ Yes ___ No

Employer _____ Occupation _____

OTHER INDIVIDUALS LIVING IN THE SAME HOUSEHOLD (ROOMMATES, RELATIVES)

Name(s) _____ Age(s) _____

Relationship(s) _____

APPLICATION FOR FINANCIAL ASSISTANCE IS FOR:

Child(s) Name(s)	Age	School	Birth Date

Please complete reverse side of application

MONTHLY ITEMIZED INCOME*

Wages, salaries & tips	\$ _____
Unemployment compensation	\$ _____
Social Security Benefits	\$ _____
Child Support/Foster Care Income	\$ _____
State Subsidized Funding	\$ _____
Disability	\$ _____
Retirement/Pensions	\$ _____
Alimony	\$ _____
Other: _____	\$ _____

TOTAL MONTHLY INCOME \$ _____

*We may ask for proof of income to be furnished, without this your application may not be processed.

What should we know about your circumstances as we consider your request?

MAY THE FINANCIAL ASSISTANCE DEPARTMENT CONTACT YOU ON HOW YOUR FINANCIAL ASSISTANCE HAS MADE A DIFFERENCE IN YOUR LIFE?

YES NO

I hereby declare that the information provided is accurate and agree to supply additional information if requested. I understand that falsification of information submitted will result in discontinuation of services provided and could require repayment of full fees. I authorize the Adirondack Center Stage to verify the above information. All information provided herein will be kept confidential.

Signature of Applicant (parent or guardian over age 18)

Date