



Community Assistance
2021 Household Assistance Form

I, _____,
Name *Address* *Phone Number*

_____ have been assisting _____
Relationship to Scholarship Applicant *Scholarship Applicant*

with their monthly expenses. I have provided financial assistance with the following expenses for the past (please select which applies) month; two months; three months or longer.

Expenses	Amount given monthly to individual or paid toward bill
Mortgage/Rent	
Electricity/Gas	
Medical	
Water/Sewage	
Child Care (including school lunches)	
Food	
Car payment	
Car insurance	
Gas (<u>for</u> auto)	
Child Support	
Other (specify)	

I will be assisting with summer camp weekly fees and registration costs: Yes No

I certify that the forgoing is true, complete, and correct. Inquiries may be made to verify statements here-in. I also understand that false statements or omissions are grounds for disqualification for services.

Signature

Date