



## Financial Assistance Application

***Please complete and return in person or via fax or email to: [bethany@communityhouse.org](mailto:bethany@communityhouse.org)  
or 978-468-4818 x10 , 978-468-0178-f***

Financial assistance is made possible by charitable contributions made by individuals, businesses, and foundations to The Community House Fund and the We're Better Together Campaign.

While The Community House sets all program fees at an affordable rate to the majority of citizens in our service area, assistance is available to those with a financial need. Assistance is awarded based on the applicant's ability to pay, volume of requests, and the availability of funds. Unfortunately, not all requests can be granted.

Eligibility is determined by household income, expenses and/or extenuating circumstances. In most cases, applicants will be required to pay a portion of the program fee for which they are requesting assistance and/or provide volunteer support.

**Student Name:** \_\_\_\_\_

**Student Date of Birth:** \_\_\_\_\_

**School/Grade Level:** \_\_\_\_\_

**Parent(s) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Statement of financial need (low income, medical expenses, family hardship, etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**# of Adults in Household:** \_\_\_\_\_ **# of Children in Household:** \_\_\_\_\_

**Annual Gross Income of Adults in Household:** \$ \_\_\_\_\_

**Name of program for which this request is being made:**

\_\_\_\_\_

**Registration Fee:** \_\_\_\_\_ **Amount requested for scholarship:** \_\_\_\_\_