



Financial Assistance Application

Financial assistance is made possible by charitable contributions made by individuals, businesses, and foundations.

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:** _____

Please complete and return in person or via fax or email to: ann@communityhouse.org or

978-468-4818 x 12, 978-468-0178-f