

Helpful Hands ISR Scholarship Application

**Request for Financial Assistance for ISR lessons**

Please complete this form in its entirety:

**Parent/ Guardian Applicant’s Information Date of Application:**\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Participant(s)\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Dependents: \_\_\_\_\_\_\_\_\_\_ Combined Household Income: \_\_\_\_\_\_\_\_\_

The amount your family is able to contribute to weekly lessons\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List below names and ages of children for whom you are requesting assistance

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_

**Statement of Need:** Please explain your request and include any particular situations

creating or contributing to the hardship at this time.\*attach additional pages if needed.

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Documents required with this form:

1. Current year **Federal Income Tax Return.** *If you did not file, please provide an IRS confirmation letter, 6 recent pay stubs or W2s from parents or guardians.*

I certify the information provided is true and correct\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant