



# FINANCIAL ASSISTANCE APLICATION

## BLAH BLAH NICO

Blah Blah Nico is dedicated to giving all kids the chance to benefit from our programs regardless of their financial situation.

### STUDENT'S INFORMATION

Full Name

AGE

DOB

Male

Female

### PARENT'S/ GUARDIAN'S INFORMATION

Full Name

Date

Address

Street

City

ZIP Code

Phone Number

Relationship

Email Address

### FINANCIAL ASSISTANCE REQUEST FOR:

Infant Program

Toddler Program

After School Program

### REQUESTED SUBSIDY PERCENTAGE FOR:

10%

15%

20%

30%

Other \_\_\_\_\_ %

### IS THIS APPLICATION FOR A NEW MEMBER OR CURRENT MEMBER?

New member

Current member



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PLEASE SHARE YOUR NEED FOR FINANCIAL ASSISTANCE.

### HOUSEHOLD INFORMATION:

What's your yearly household income? \$ \_\_\_\_\_

Do you receive any other financial assistance?

- SNAP     
  WIC     
  Medicaid     
  Other : \_\_\_\_\_

List ALL members of your household, including dependents who were on your most recent IRS form.

Names	Relationship	Age

**PLEASE COMPLETE THIS FORM AND EMAIL IT TO [BLAHBLAH.NICO29@GMAIL.COM](mailto:BLAHBLAH.NICO29@GMAIL.COM)**

*•Subject to Individual and Family limits.*

Signature: \_\_\_\_\_

Date:    /    /





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### For Office Use Only:

Financial Assistance Granted:  %

Awarded dates from:  to

Staff Name :

Signature: \_\_\_\_\_ Date: \_\_\_\_\_