

**FRIENDSHIP CIRCLE OF GREATER FORT LAUDERDALE**

Financial Assistance Application 2026-2027 – Life Skills and Job Training Program (This information may be verified by outside sources as deemed necessary)



A select committee is designated to review and award financial assistance that provides for a fair and equitable distribution of available funds while also maintaining the confidentiality and dignity of the families applying for funds. It is important to attach a personal statement highlighting what it means to your family to receive financial assistance for the program, as well as any changes in family or economic circumstances over the past year that support your request. If a parent has lost his or her job, indicate the date unemployment began, the date unemployment will end, and the estimated financial cost of this change. If work hours were reduced, provide the estimated financial cost of this change. Highlight any other additional information pertinent to our decision-making, so the full set of circumstances can be understood by the committee.

**The application will not be reviewed unless all registration/enrollment forms and program deposits have been received.**

**Name of Applicant/Participant:** (First Name, Last Name, MI)

**Birthday:** (mm/dd/yyyy)

<b>Parent 1</b>	<b>Parent 2</b>
Relationship:	Relationship:
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:
Employer:	Employer:
Job Title:	Job Title:
How long at job:	How long at job:

Parent 1 Marital Status:  Married  Separated  Divorced  Single, never married  Widowed  Partner  Re-married

Parent 2 Marital Status:  Married  Separated  Divorced  Single, never married  Widowed  Partner  Re-married

Parent 1 Tax return filing status:  Married  Head of Household  Single

Parent 2 Tax return filing status:  Married  Head of Household  Single

Who claims the applicant for tax purposes?  Both  Parent 1 / Parent 2 Alternate Years  Parent 1  Parent 2

Total exemptions claimed on 2023 federal tax return? Parent(s) \_\_\_\_\_  Children \_\_\_\_\_  Other \_\_\_\_\_ = TOTAL \_\_\_\_\_

**Dependents: List all those currently living in your household**

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Name:	Age:	Relationship:

CURRENT MONTHLY INCOME	AMOUNT	MONTHLY EXPENSES	AMOUNT
Parent 1 Gross Wages	\$	Rent or Mortgage	\$
Parent 2 Gross Wages	\$	Maintenance/Association Fees	\$
Unearned Income, Interest, Dividend, Pension	\$	Household Expenses, Food, Utilities, Etc.	\$
Alimony & Child Support Income	\$	Medical/Dental Insurance	\$
Trusts, Estates, Partnerships, S-Corp	\$	Medical/Dental Out-of-pocket Expense	\$
Social Security	\$	Auto Loan or Lease Payments	\$
Welfare/Food Stamps	\$	Auto Insurance, Gas, Maintenance	\$
Unemployment, Disability, Worker's Comp.	\$	Domestic Help, Aid or Babysitting	\$
Gifts, Money or Property Inherited or Willed	\$	Clothing	\$
Scholarships/Grants	\$	Entertainment and Vacation	\$
Does your child receive SSI or Other Aid?			
Yes <input type="checkbox"/> If yes, please specify amount	\$	Alimony & Child Support	\$
Other, please specify	\$	Tuition Expense (Daycare, private school, college)	\$
		Enrichment Classes (pls list out of pocket cost)	\$
		Other, please specify	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	<b>TOTAL MONTHLY EXPENSE</b>	<b>\$</b>

Current Bank Account Balance: Checking \$_____ Savings \$_____	Retirement Savings \$_____
Current Stocks, Bonds, Mutual Funds, Securities: \$_____	Trust Funds (held in your name or child's name): \$_____
Personal Residence: <input type="checkbox"/> Rent <input type="checkbox"/> Own	If owner, year purchased:
Purchase Price: \$_____	Current Mortgages: \$_____

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VEHICLE - Make/Model/Year	Own/Lease	Original Cost	Loan Balance
	<input type="checkbox"/> Own <input type="checkbox"/> Lease	\$	\$
	<input type="checkbox"/> Own <input type="checkbox"/> Lease	\$	\$
	<input type="checkbox"/> Own <input type="checkbox"/> Lease	\$	\$

CONSUMER DEBT	BALANCE AS OF 12/31/24	MONTHLY PAYMENT
Credit Cards & other unsecured loans	\$	\$
Other debt not listed above	\$	\$

ADDITIONAL REAL ESTATE OWNED: Address, City, State, Zip	DATE OF PURCHASE	PURCHASE PRICE	CURRENT MORTGAGES
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

The Financial Assistance Committee expects families to contribute toward fees. Please indicate below the amount that your family can contribute, including funding from grandparents or relatives.

Amount we can pay per month? \_\_\_\_\_ Scholarship amount we are requesting per month? \_\_\_\_\_

The following documentation must be provided with your application. Failure to submit these documents may result in delay or denial of the application. ONLY COMPLETE, NOTARIZED, APPLICATIONS, WILL BE CONSIDERED

**The following information MUST be submitted with this application:**

- Tax documents (1040's, 1120's, W2, 1099)
- The last three months of bank statements
- Completed Financial Assistance Application, signed and notarized (please use ink only – pencil will not be accepted). **Application will not be processed unless notarized.**
- I.R.S. Tax Returns for 2025 (copy only including business forms if self-employed)  
All W-2 forms and/or 1099's for 2024 (copies only)
- All payroll slips from the past two months (both parents)
- If unemployed, copies of forms indicating source of income (i.e., food stamps, disability, SSI, unemployment)
- Copies of mortgage statement or rent receipts for past two months

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I hereby state that the information provided in the Financial Assistance Package and all supporting documents are accurate. I understand that any Financial Assistance offered to me may be revoked in the event of misrepresentation or change in circumstance.

**Parent 1 Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent 2 Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_