

FRIENDSHIP CIRCLE OF GREATER FORT LAUDERDALE
 Financial Assistance Application 2026-2027 Social Programs
 (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.

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

Birthday: (mm/dd/yyyy)

Program/s applying scholarship for:

- ☐ Young Adult Circle - Program Fee \$250 for the year
- ☐ Teen Scene - Program Fee \$250 for the year
- ☐ Culinary Club - Program Fee \$200 for the year

Amount of scholarship I'm requesting? _____

Amount I can afford to pay? _____

Parent 1	Parent 2
Relationship:	Relationship:
Name:	Name:
Marital Status: ☐ Married ☐ Divorced	Marital Status: ☐ Married ☐ Divorced
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:

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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 _____ 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	\$
TOTAL MONTHLY INCOME	\$	TOTAL MONTHLY EXPENSE	\$

Parent 1 Guardian Signature _____ Date: _____

Parent 2 Guardian Signature _____ Date: _____