Dansville Community Center

43 West Avenue, Dansville, NY 14437

Financial Hardship Application

Name:_____

Address:_____

Phone:_____ Email:_____

Child 1._____ Grade_____
Child 2._____ Grade_____
Child 3._____ Grade_____
Child 4._____ Grade_____
Child 5._____ Grade_____
Child 6._____ Grade_____

Do you currently qualify for NY Benefits (food stamps, TANF, HEAP etc.) Yes_____ No_____

Have you applied for social services help for child care? Yes _____ No_____
If No, why not?_____
_____
_____
If Yes and you were denied please explain why_____
_____
_____

Each case will be reviewed on an individual basis.

Scholarships awarded are explicitly at the discretion of the Community Center Executive Director, Finance Administrator and the Community Center Board.

All information is STRICTLY CONFIDENTIAL AND WILL NOT BE SHARED WITH ANYONE ELSE.

We will use FED, State Income guidelines to help determine eligibility.

Partial scholarships may be awarded.

PLEASE SUBMIT A COPY OF YOUR LAST YEAR TAXES (applications will not be processed with them)

Please explain any extenuating circumstances that should be taken into consideration.

_____
_____
_____
_____