

WEST PARK CULTURAL CENTER

Application for Financial Assistance/Scholarship

Name: _____ Date: _____

Address: _____

Phone: Day/_____/_____ Evening/_____/_____

I am requesting financial assistance/scholarship for:

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Number of people in household: _____

Number of dependent children: _____

Total household income: \$ _____

Applicant SS# _____

I confirm that the above information is true and correct.

Applicant Signature

Date

Note: Applicants need the following documents when applying:

- *Proof of Income/Copy of most recent Form 1040 – Individual Federal Income Tax Return or related document verifying annual income*

Please complete form and attach copies of above documentation.

Mailing address:

**West Park Cultural Center
5114 Parkside Avenue
Philadelphia, PA 19131**

For questions: call 215/473-7810