



MACH ACADEMY, INC.

Mentoring Academics Computers Healthy Recreation

FINANCIAL ASSISTANCE REQUEST

Limited financial assistance funding is available for deserving participants based on financial need. Complete this financial assistance request and income eligibility form. Submit copy of current W2 or last year's income tax return to the office for processing.

Participant's Name:
Parent/Guardian Name:
Address: Street & Number:
City: _____ State: _____ Zip: _____
Home Phone:
Work Phone: _____ Other: _____
E-mail:
Family income for year: \$ _____ Number Dependent Children _____

FINANCIAL NEED

Special circumstances that demonstrate the need for financial assistance:

Amount of financial assistance requested: \$ _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only: Date Received _____
Accepted: _____ Denied: _____ Amount: \$ _____