



PO Box 2129 • Sioux City IA 51104-0129  
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**Financial Assistance Application**

**1. Child Enrollment: Complete information below for all children in care.**

| First Name | Last Name | School Attending | Grade | Date of Birth |
|------------|-----------|------------------|-------|---------------|
|            |           |                  |       |               |
|            |           |                  |       |               |
|            |           |                  |       |               |
|            |           |                  |       |               |

**2. All other household members not listed in part 1.**

| List the names of all household members not listed in part 1.<br><br>First and Last Name | Gross Amount earned weekly | Gross Amount earned every 2 weeks | Gross Amount earned twice a month | Gross Amount earned monthly | Other monthly income: Retirement, Social Security, Child Support, etc |
|--|----------------------------|-----------------------------------|-----------------------------------|-----------------------------|---|
|  |                            |                                   |                                   |                             |   |
|  |                            |                                   |                                   |                             |   |
|  |                            |                                   |                                   |                             |   |
|  |                            |                                   |                                   |                             |   |
|  |                            |                                   |                                   |                             |   |
|  |                            |                                   |                                   |                             |   |
|  |                            |                                   |                                   |                             |   |

**\*\* If more space is needed, please attach a separate form\*\***

**2. PROOF OF INCOME- For the income listed above, attach all that apply:**

- Most recent Federal Tax Return or Verification of Non Filing
- Two most recent pay stubs from all employers
- Statements/letter stating all other assistance received: food stamps, Social Security, etc
- All other documents as requested

By signing below, I confirm that I have provided all of my income information, that all of the information provided with this request is true and correct to the best of my knowledge, and that I give permission to Beyond the Bell to verify any of the information I have provided. I understand that if I knowingly provide any false information, my scholarship will be terminated immediately and I may be responsible for repaying any scholarship that may have already been received.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Best Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

|                                    |                            |             |
|------------------------------------|----------------------------|-------------|
| <b>****FOR OFFICE USE ONLY****</b> |                            |             |
| Awarded Blue Scholarship           | Awarded Orange Scholarship | Not Awarded |
| Processed by (staff member) _____  |                            | Date _____  |