



PLEASE RETURN FORMS TO:  
Empowering Kids Perham  
231 Fox St., Perham, MN 56573  
(218) 346-2322 Ext. 0  
info@empoweringkidsperham.org

## Empowering Kids Financial Assistance Program Application

The Empowering Kids financial assistance program provides financial aid for families with loved ones diagnosed with autism and/or ADHD, and who would benefit from the programming provided by Empowering Kids. Financial assistance is available for those who meet certain requirements and for only select programming at Empowering Kids. Evaluation of applications are based on the yearly income of the family or individual requesting assistance. Please see the requirements and criteria below.

1. A copy of your most recently filed IRS 1040 form (any 1040 forms must be within a year of application) is required upon completion of application.
2. All individuals or families seeking assistance follow a scale based on yearly income. See graph below for reference.

Yearly Income Based Scale			
Household Size	Full Price Rate	Reduced Rate	Scholarship Rate
1 ( <i>Individual</i> )	\$35,000 or more	\$34,999 - \$20,000	Less than \$20,000
2	\$50,000 or more	\$49,999 - \$40,000	Less than \$40,000
3	\$60,000 or more	\$59,999 - \$50,000	Less than \$50,000
4	\$70,000 or more	\$69,999 - \$60,000	Less than \$60,000
5+	\$80,000 or more	\$79,999 - \$70,000	Less than \$70,000

3. All individuals seeking assistance for an Empowering Kids program must complete the application at least two weeks prior to attending for the assistance to take effect.

*Please recognize that Empowering Kids provides reduced and scholarship assistance fees based on funding available through the organization. Scholarships and reduced prices are geared towards recreational programs, and are completely reliant upon the financial standing of the organization. It is up to the discretion of the general manager to allocate funds, if available, towards scholarships and reduced fees. Empowering Kids does not receive any additional funding for recreational or extra curricular activities that support individuals with autism or ADHD.*



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APPLICANT INFORMATION		
First Name:	Last Name:	
Date of Birth:	Date of Application:	
Email:	Phone #:	
Mailing Address:	Apt#:	
City:	State:	Zip Code:
Relationship to Participant:		
Adjusted Gross Income as reported on IRS 1040 (line 11):	Family Size:	
PARTICIPANT INFORMATION (IF DIFFERENT THAN ABOVE)		
First Name:	Last Name:	
Date of Birth:	Phone#:	
Email:		
Mailing Address:	Apt#:	
City:	State:	Zip Code:
School/Grade:	Diagnosis:	

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

Applicant Printed Name: \_\_\_\_\_

FOR OFFICE USE ONLY	
Approved/Denied:	Date of Processing:
Reasoning for Conclusion:	
Assistance Amount: \$ _____	Staff Initials:
Notes:	