

SPECIAL NEEDS PROGRAM APPLICATION

NAME: _____ Year _____ I.D.# _____

LOCAL ADDRESS: _____

TELEPHONE NUMBER: _____

TOTAL EXPENSES FOR THE YEAR: \$ _____

RESIDENT: _____ NON-RESIDENT _____ MARITAL STATUS _____
Div/Sep _____

NUMBER OF CHILDREN _____
(names/ages)

DEPENDENTS OTHER THAN CHILDREN _____
(specify)

AMOUNT OF REQUEST \$ _____

REASON FOR REQUEST: _____

*****PLEASE ATTACH ALL RELEVANT DOCUMENTATION*****

I certify the above information is correct and that I have reported resources on this application.

SIGNATURE: _____ DATE: _____