

# Community Assistance Program

*Confidential Application*

*Please answer all questions on the application in order to process the scholarship*

## Type of Membership

Family \_\_\_\_\_ Adult \_\_\_\_\_ Youth \_\_\_\_\_ Senior \_\_\_\_\_

## Type of Program

After School \_\_\_\_\_ Summer Camp \_\_\_\_\_ Youth and Adult Programs \_\_\_\_\_

Have you previously applied for the CAP scholarship program at the DACC?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS # \_\_\_\_\_

Address: \_\_\_\_\_

City/town \_\_\_\_\_ zip code \_\_\_\_\_

State \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment : \_\_\_\_\_

## Household Members

*Please list all house hold members*

| <i>First name</i> | <i>Middle name</i> | <i>Last name</i> | <i>Date of Birth</i> |
|-------------------|--------------------|------------------|----------------------|
| 1.                | _____              | _____            | _____                |
| 2.                | _____              | _____            | _____                |
| 3.                | _____              | _____            | _____                |
| 4.                | _____              | _____            | _____                |
| 5.                | _____              | _____            | _____                |

*Guidelines for CAP program  
(one of the following)*

- IRS statement
- Two current pay stubs
- SSI statement
- DSS letter
- DCS lunch program verification

I certify that all of the information is true and complete to the best of my knowledge. I understand that applications will be reviewed by the Executive Director and the DACC Board of Directors for approval or denial. A DACC representative will contact you within two weeks of submittal.

Signature of Parent or Guardian \_\_\_\_\_