



# The Children of the Earth Foundation

*Ensuring the Survival of future generation by guiding youth and community to a pure connection with the Earth*

## Confidential Application for Financial Assistance

**Applicant Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** ( ) \_\_\_\_\_ **Email** \_\_\_\_\_

**IMPORTANT-** With this application, please include

1. A copy of your tax filing from the previous year for all working adults in the household

**Or**

1. Copies of the last 2 paycheck stubs from all current employers for all working applicants
2. Proof of public assistance, if applicable (such as Medicaid, Food Stamps, etc.)
3. Social Security, Pension or Disability Pension income statement(s), unemployment or school aid verification.

\*If you have no verifiable income, please attach a statement explaining how you support yourself.

**For which program(s) are you applying and how many participants from your family in each:**

**Program:** \_\_\_\_\_ **Participants** \_\_\_\_\_

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Total Annual Income anticipated for this year: \$ \_\_\_\_\_  
*(include all salaries, public assistance or other sources of household income for all adults in household)*

Total number of adults in household: \_\_\_\_\_

Total number of children 18 or younger in household: \_\_\_\_\_

How much do you feel you can you afford to pay toward the cost of each program: \$ \_\_\_\_\_

Unusual Circumstances- please explain if there are special circumstances that you would like us to consider when determining the level of assistance for which you qualify *(medical bills, family emergencies...)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm to the best of my knowledge that the above information is true and complete. I agree to provide income documentation as requested.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*Please return completed applications to: P.O. Box 607 Waretown, NJ 08758 or email to Debbie@cotef.org  
You will receive notification within two weeks regarding the assistance we are able to provide.*