

## Financial Assistance Application



The Friendship Foundation strives to make our programs available to all children who will benefit from them, regardless of their ability to pay. All financial assistance is granted on a sliding scale based on income and need. All information is kept confidential.

Please submit your completed Financial Assistance application via email to [daniel@friendshipfoundation.com](mailto:daniel@friendshipfoundation.com) or mail to:

**Friendship Foundation**

**Attn: Daniel Stump**

**2108 Vail Avenue**

**Redondo Beach, CA 90278**

Once your form has been received, please allow 2 days for a response.  
If you have any questions please call our office at (310) 214-6677.

## Participant Information

First & Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your child qualify for free or reduced lunch through the schools? \_\_\_\_\_

## Parent or Guardian Information

First & Last Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Number of children in your household: \_\_\_\_\_

Annual Household Income: \$ \_\_\_\_\_

Please tell us which program(s) you are requesting funding for:

\_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Date