



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 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