



**nccj**

The National Conference for  
Community and Justice of  
the Piedmont Triad, Inc.

For NCCJ Use Only	
Received:	_____
By:	_____
Approved:	_____
Award Amount	_____

713 North Greene Street  
Greensboro, NC 27401  
Tel 336.272.0359  
Fax 336.272.1814  
NCCJ@nccjtriad.org

Visit our website at:  
[www.nccjtriad.org](http://www.nccjtriad.org)

**Financial Need Assessment Form**

We receive many requests for financial aid each year. Therefore, we are asking all applicants who request help to fill out the Financial Need Assessment Form below. This will help us determine your level of need. Please be assured that this information is entirely confidential. (Please PRINT your answers below.) If you have questions, or need assistance completing this form, please call the NCCJ office at 336-272-0359.

**NCCJ works hard to ensure ANYTOWN delegates include a diverse population. This includes socio-economic diversity. DON'T LET THIS FORM OR YOUR NEED FOR ASSISTANCE DISCOURAGE YOU FROM APPLYING TO ANYTOWN. NCCJ will do its best to work with your family to cover the fees that you cannot. We do ask that you consider your financial aid request amount carefully, and that you request only what you truly need, as financial aid is limited and we would like to be able to provide aid to everyone who needs assistance.**

Delegate (Camper) Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

School \_\_\_\_\_

**Parent/Guardian #1**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employment  Employed  Self Employed  Unemployed (Please provide Documentation)

Employer: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Position \_\_\_\_\_ Annual Income \_\_\_\_\_

(If there are any additional employers, please attach the information to this application)

**Parent/Guardian #2**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employment  Employed  Self Employed  Unemployed (Please provide Documentation)

**Our Mission:**

The NCCJ of the Piedmont Triad, Inc. is a human relations organization that promotes understanding and respect among all cultures, races and religions through advocacy, education and dialogue.

Employer: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Position \_\_\_\_\_ Annual Income \_\_\_\_\_

(If there are any additional employers, please attach the information to this application)

Other Income

Please identify any and all sources of additional income and support (ex. Child support, alimony, disability, etc.):

Parent/Guardian #1

Description \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Description \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Description \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Description \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Parent/Guardian #2

Description \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Description \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Description \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Description \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Household

Child lives with (please check all that apply)

Parents  Parent (Mother)  Parent (Father)  Step-Parent  Guardian  
 Foster Parent(s)  Grandparent(s)  Aunt/Uncle  Other (Specify) \_\_\_\_\_

Child has \_\_\_\_\_ Siblings (Ages \_\_\_\_\_) Number of people in household \_\_\_\_\_

Request

I/We can pay \$ \_\_\_\_\_ of the \$40 registration fee

I/We can pay \$ \_\_\_\_\_ of the \$400 tuition fee

Certifications

If employed please attach 2 recent paystubs and a copy of the most recent W-2 form for each parent/guardian.

- I certify that the information contained in this application is complete and accurate.
- If the information contained in this application changes before or during my child's time at ANYTOWN, I will notify NCCJ immediately.
- I understand that providing false, incomplete, or misleading information may result in:
  - The loss of financial assistance
  - Required repayment to NCCJ for any financial aid provided

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**NOTE:** If there are compelling circumstances or important information that you feel would help to give us a more accurate and complete picture of your financial situation, please feel free to attach a letter to this application.