



A nonprofit foundation
Tax Identification No. 20-3230798
3300 Irvine Ave., Suite 105
Newport Beach, CA 92660

APPLICATION

Dear Applicant:

We thank you for applying to be considered for a donation from Fore a Good Kaas. To be eligible to receive a donation, Fore a Good Kaas requires that you sign Application and that you meet all of the following criteria:

1. Complete this Application;
2. Provide a complete, up-to-date resume.
3. Demonstrate your/your parent's lack of financial means by providing two prior year's tax documentation.
4. Agree and understand, that if you are selected to receive a donation, you are committed to participation in the training/educational program.
5. Agree and consent to the perpetual, non-exclusive use of your name, likeness, photograph, or any descriptive, biographical materials concerning you that you provide under this Application.
6. Agree and understand that simply by submitting this Application to Fore a Good Kaas, you are not guaranteed to receive a donation;
7. Agree and understand that Fore a Good Kaas alone has the discretion to determine whether you will receive a donation and that its determination is final and incontestable;
8. Agree and acknowledge that you understand all of these criteria and the contents of the Application and that as consideration for receiving a donation, you agree to hold harmless and release from any liability, claims or damages, Fore a Good Kaas, its directors, employees, agents, volunteers and the participating training personnel that provide services to you.

Name (print): _____

Signature of Applicant (If Applicant is a minor, parent/guardian must sign): _____

Witness: _____

Witness: _____



Fore A Good Kaas

APPLICATION

DATE _____

CANDIDATE INFORMATION:

Last Name: _____

First Name: _____

Date of Birth: _____

Social Security Number: _____

School: _____

Grade: _____

INDICATE MEMBERS OF FAMILY LIVING IN YOUR HOME:

<input type="checkbox"/>	Father
<input type="checkbox"/>	Stepfather
<input type="checkbox"/>	Guardian _____
<input type="checkbox"/>	Mother
<input type="checkbox"/>	Stepmother
<input type="checkbox"/>	Other _____

<input type="checkbox"/>	Siblings
Name/Age: _____	

ADDRESS: _____

Apt. _____ City _____ Zip Code _____

Home Telephone (____) _____ Cell Phone (____) _____

DOES YOUR FAMILY RECEIVE ANY OF THE FOLLOWING ?

<input type="checkbox"/>	Food Stamps	<input type="checkbox"/>	Welfare
<input type="checkbox"/>	Social Security	<input type="checkbox"/>	Disability
<input type="checkbox"/>	Unemployment	<input type="checkbox"/>	Child Support
<input type="checkbox"/>	Other (please list all others) _____		

EMPLOYMENT INFORMATION:

Father/Stepfather's Employer: _____

Work Telephone: _____

Social Security #: _____

Position: _____

How long? _____

Mother/Stepmother's Employer: _____

Work Telephone: _____

Social Security #: _____

Position: _____

How long? _____

GROSS MONTHLY FAMILY INCOME:

	Father	Mother	Other
Salary and Wages (including overtime, etc.)	_____	_____	_____
Pensions and Retirement	_____	_____	_____
Social Security	_____	_____	_____
Disability and Unemployment Insurance	_____	_____	_____
Public Assistance (welfare, AFDC, etc.)	_____	_____	_____
Child/ Spousal Support	_____	_____	_____
Other:	_____	_____	_____

TOTALS

_____	_____	_____
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TOTAL GROSS MONTHLY INCOME \$ _____

MONTHLY EXPENSES:

Housing:

Total Rent: _____

Utilities:

Gas: _____ Electricity: _____ Telephone: _____

Transportation:

Car insurance: _____ Car payment: _____

Other transportation: _____

Other:

Other bills: (credit card payments, medical, cable, etc.) _____

TOTAL MONTHLY EXPENSES \$ _____

I declare that the above information is correct, to the best of my knowledge.

Parent/ Guardian Signature _____ Date _____

The following information is to be provided at the initial interview if applicable:

- _____ **Federal Income Tax Return (1040) for the current year**
- _____ **Paycheck stubs for two months**
- _____ **Utility bills (gas, electric, telephone)**
- _____ **Rent receipts for two months**
- _____ **Insurance bills (auto, medical, house)**
- _____ **Insurance/ MediCal or DentiCal cards (regular or emergency)**