



Single Mother's Assistance Program Application

Name: _____ DOB: _____

Address: _____

Street _____

City _____ Zip _____ County _____

Date of entry into the MSK, Leadership Mentoring and Coaching Program:

Name of Mentor/ Coach: _____

Household Composition:

Name	DOB	Relationship

Employer: _____

Length of employment: _____

Salary Range per year: _____ 0 – 15,000
 _____ 16,000 – 25,000
 _____ 26,000 – 40,000
 _____ 41,000 – 55,000
 _____ 56,000 +

Are you currently enrolled in school? Yes ____ No ____
If yes: Part-time ____ Full-time ____

Have you received any public aide in the past year? Yes ____ No ____
(Public aide includes but is not limited to Food Stamps, Temporary Aide to
Needy Families (TANF))

Have you received any donations for the maintenance of your household from a
private and/ or non-profit agency in the past year? Yes ____ No ____
If yes: Amount _____

Check need:

- ____ After-School Care
- ____ Academic Tutoring
- ____ Academic Supplies
- ____ Athletic Fees
- ____ Day Care/Childcare
- ____ Music & Arts Programming
- ____ Financial/Credit Counseling
- ____ Job Readiness Skills
- ____ G.E.D./Literacy Programming
- ____ Summer Camp