



**The BETHLEHEM CENTER**  
**(United Methodist Neighborhood Centers, Inc.)**  
200 W. 38<sup>th</sup> Street • Chattanooga, TN 37410  
Phone: (423) 266-1384 • Fax: (423) 756-3557  
www.thebeth.org



**Read to Lead Academy Summer Program 2019  
Financial Assistance Application**

The Bethlehem Center is pleased to offer financial assistance for students through our scholarship program. To be good stewards of the funds donated for this program, we request applicants provide the following information. This information will be attached to your program application and is confidential.

Child(ren)'s name(s): \_\_\_\_\_

Check the box next to the option you choose for determining eligibility for scholarships.

**Option 1:**

Provide the Bethlehem Center with proof of benefits from the Tennessee Department of Human Services. This information can be turned into the Bethlehem Center along with this application or can be faxed to (423) 756-3557, Attention: Rachel DeVore. Scholarship applications with this option selected cannot be processed until benefit information from TN DHS has been received.

**Option 2:**

Complete the following information.

**Employment Information**

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Number hours per week: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Number hours per week: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Any additional employment information: \_\_\_\_\_

**Income/Expense Information**

Total Gross Monthly Income (household) \$ \_\_\_\_\_

Total Monthly Expenses \$ \_\_\_\_\_

Do you share expenses with anyone else living in your household? YES NO

How much can you afford to pay per week? \$ \_\_\_\_\_

**\*\*Complete the information on the back regardless of the option selected above.\*\***

