



1400 18<sup>th</sup> Street, Chesapeake, VA 23324

(o) 757-227-5444; (f) 757-222-1973

email: info@hope-u.org

## Request for Financial Assistance

Hope U has been funded to ease the barriers to completing school or obtaining/maintaining employment, for youth ages 16-26. If you have an obstacle stopping you from advancing at school or work, we may be able to help you. Please fill out the following information and indicate your situation. You may be required to submit additional information.

Youth's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: Single Married Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**I need help with: Check all that apply**

- Housing (rental assistance)
- Food insecurity (hunger)
- Unemployment
- Transportation Assistance
- Emotional Support
- Child Care
- Diapers
- Other need not listed \_\_\_\_\_
- Living independently (mentoring, life skills coaching)
- Utilities (power, water, internet/cell)
- Vocational training
- TCC Pre-Apprenticeship program
- College Tuition
- School fees
- Textbooks

Level of education: High School Graduate Y/N Received: Diploma/GED N/A  
Current high school: \_\_\_\_\_ Grade: \_\_\_\_\_

Are you currently enrolled in a secondary educational/vocational program: Yes  No   
If so, where do you attend: \_\_\_\_\_

If attending University:  
Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Year: \_\_\_\_\_

Are you currently working:  Yes  Full time  Part time  No  
Current employer: \_\_\_\_\_  
Length of time employed: \_\_\_\_\_ Position: \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

Below please indicate in brief conditions of requesting extra assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please fax/email this request along with the following qualifying information:***

***Housing requests      Eviction notice from landlord; Lease for new move in (security dep./rent)***

***Utilities                      Disconnect notice***

***College Assistance      Tuition Statement/Financial Aid Award statement***

***Upon receipt of all requested information, we will set up a time to discuss your specific request to determine if we can be of assistance!***

***Referring Agency*** \_\_\_\_\_

***Contact*** \_\_\_\_\_s

***Email address*** \_\_\_\_\_

***Telephone*** \_\_\_\_\_