



Orange Area Service Committee c/o Orange School District Administrative Office  
32000 Chagrin Blvd. Pepper Pike, OH 44124 216-831-8600 ext 7500

## OASC Application For Support

Full Name\*: \_\_\_\_\_

Email\*: \_\_\_\_\_

Phone Number\*: \_\_\_\_\_

Home Address\*: \_\_\_\_\_

*(Applicant must be a resident of the Orange School District.)*

### Additional Household Members

Please list all additional household member(s) including spouse, dependent(s), and others. Include the name and relationship to applicant. \*

### Employment Income Used to Support Your Family / Household

Income Earner's Name: \_\_\_\_\_

Monthly Income to Report: \_\_\_\_\_

Employer Name and Contact Information: \_\_\_\_\_

### Additional Sources of Income Used To Support Your Family /

**Household** (Social Security Benefits; Child Support; Workmen's Compensation; Disability Income; Alimony, etc.)

Income Earner's Name: \_\_\_\_\_

Monthly Income to Report: \_\_\_\_\_

Benefit Source: \_\_\_\_\_

## Total Monthly Income Summary

Employment Income: \_\_\_\_\_

Additional Income: \_\_\_\_\_

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

**Reason for Request \***

Please attach any supporting documents

Please list supporting contact(s) with phone number (i.e. Case Worker)

Have you, or anyone in your household / family applied for funds from the OASC before? \*

Yes or No

If yes, please give the reason, the amount received and the approximate date of the request(s):

Signature\*: \_\_\_\_\_

Date\*: \_\_\_\_\_

\* = Required Field

Submit completed application to:

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