



2023-2024 Teen Animal Advocate Program Financial Assistance Application Form Instructions

This is an application for financial assistance for the 2023-2024 Teen Animal Advocate Program (TAAP) at the Houston Humane Society. This application is to be completed by the parent/guardian of the teen who wishes to participate in TAAP. You may qualify for a scholarship to cover the cost of the program based on your family size and income.

In order for your application to be processed, you must provide to us information about your family, gross monthly household income and attach any additional information. Please complete and submit the application form by the following date: Friday, January 12, 2024

You may email completed applications to: mwalter@houstonhumane.org

Or mail completed applications to:

Houston Humane Society
c/o Megan Walter
PO BOX 450528
Houston, TX 77245

To answer questions or to submit your completed application in person: Please call or email our Education Coordinator, Megan Walter at 713-341-3339 or mwalter@houstonhumane.org.

You can drop off applications at the Houston Humane Society Shelter Adoptions Front Desk (care of Megan Walter/Education Coordinator) at 14700 Almeda Rd. Houston, TX 77053, Monday – Friday from 11-6 or Sat – Sun from 11-5:30.



Teen and Parent/Guardian Information

Teen First Name		Teen Last Name	
Teen Grade Level (in the 23-24 School Year)		Person Applying for Assistance	
Relationship to Teen		Contact Phone Number	
Mailing Address			

City	State	Zip Code	
Contact Email Address			
Employment Status of Person Responsible for Paying Fee (Check One):			
<input type="checkbox"/> Employed (date of hire: _____) <input type="checkbox"/> Unemployed (how long unemployed: _____)			
<input type="checkbox"/> Self Employed <input type="checkbox"/> Student <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Other (_____)			



School Information

School Name	Does Student Receive Free or Reduced-Price Lunch (FRPL)?
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Family Information

List family members in your household, including you. "Family" includes people related by birth, marriage, or adoption who live together.

Family Size: _____

Name	Date of Birth	Relationship to Teen	If 18 year or older: Employer(s) name or source of income	If 18 years or older: Total gross monthly income (before taxes)



Additional Information

In a few sentences, please let us know why your teen is interested in participating in the Teen Animal Advocate Program.

In a few sentences, please tell us why you are applying for financial assistance and about your current financial situation such as financial hardships, excessive medical expenses, seasonal or temporary income, personal loss, etc.

Please add additional information and attachments about your current financial situation that you would like us to know (receives government assistance such as SNAP, WIC, is homeless, child is in foster care, etc).