YWCA FINANCIAL AID APPLICATION (Please print)

						Office use o	niy:	
						Family size		
Date of application						Gross Mo. Inc.		
						Income eligible		
Head of Household: Last Name First			Home Tel			Hardship		
Street			City Zip			Young Parent		
					iP	Single Parent		
Uth	er Telephone Numbers:					Single Furein		
Ema	ail Address:							
Tot	al number of people who live in the ho	usehold:						
	Name ALL members of your househor parents and then list children oldest		Mark X if working	Gross Monthly Income	Mark X for CAMP child	Below-Please check a family receives:	ny assistance your	
1.				moonio	Orma	None		
2						☐ Free/Reduced	meals @ school	
3						Unemployment	Assistance	
4						Food Stamps		
5						SS, SSI, or DA		
6						Housing Assist		
7						Public Housing		
8						Section 8 Hous	sing	
Are you currently seeking employment?						0		
Are you currently enrolled in a training/education program?		YES		□ NO	0			
NIC		V CTUDE ADI		ED TO VE	ייי און	HOUSEHOLD IN	COME	
NC	ote: 2 <u>consecutive</u> pa	Y STUBS ARI	E REQUIR	ED IO VE	KIFY ALL	HOOSEHOLD INC	JOIVIE	
I c	ertify under penalty of perjury th	at the above info	ormation is o	correct and o	complete to tl	he best of my knowle	dge.	
Signature of parent or guardian		ate Signature of staff		staff member		Date		
	ease answer the following questi tailed as possible.	ions on another _l	piece of pape	er. Your res _l	ponses are ve	ery important so pleas	e be as	
Wh	ny do you need financial assistance	e? (Be as specific	& detailed as	possible).				
Ho	w will your child benefit from this c	amp program?						
Ho	w much can you contribute per we	ek for each child?						