Joplin Family Y Program Financial Aid Application

caring ● honesty ● respect ● responsibility

A. Participant Information

Is Participant a current member of the Joplin Family Y? Y N For which program is participant applying?____________

Participant Name__________________________________ Age________ Date of Birth__________ Grade_____

Address____ Phone____________ Scbool________________

B. Household Information

List all children, parents/guardians, and step parents who live in your home. List yourself. (use the back if needed)

Name (first, middle, last)	Relationship to Participant	Birth date	Age

C. Income

Please attach all forms of verification. (i.e. check stub, note from employer, federal tax return, assistance award letter)

1. Is the participant employed? Y N Name of employer____

Amount of pay before deductions____________ ____weekly ____two weeks ____twice monthly ____monthly

2. Is anyone else in the household employed? Y N If yes, who?______________________________________

Name of employer___________________________________

Amount of pay before deductions____________ ____weekly ____two weeks ____twice monthly ____monthly

3. Is anyone else in the household employed? Y N If yes, who?______________________________________

Name of employer___________________________________

Amount of pay before deductions____________ ____weekly ____two weeks ____twice monthly ____monthly

4. Does anyone in your housefhold receive other income such as child support, alimony, unemployment, social security benefits, food stamps or other?

Person receiving	Who provides the money	Amount received	How often

D. Are there any other circumstances which you would like us to consider?

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The information provided on this form is correct and I agree to provide additional information if needed.

Printed Name_________________________________ Signature___________________________________ Date_____

Person completing form   Person completing form

Aid approved/Date______ Cost of program_____ Participant pays_____ Notification made_____ # of sessions_____