

Youth Programs Grant Application

Program Participant: _____ Age: _____
Parent or Guardian: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ hm _____ wk
Email Address: _____

BASES FOR NEED

(Please check which area applies and submit proof of qualifications)

_____ AFDC / Food Stamps
_____ Single Parent / Limited Family Income (\$22,000 or Less)
_____ Catastrophic Illness or other major family event
_____ University Academic Financial Aid
_____ Other Reasons

Please explain or comment on your set of circumstances: (use additional paper if necessary)

Please describe any Aquatic Center Participation in the past for any member of the family: _____

REFERENCES

(Who can verify bases for need)

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Aquatic Center Use Only

Camp Enrolled: _____ Week Enrolled: _____
Amount Granted: _____ Amount Due by Participant: _____
Granted By: _____ Value of the camp: _____

Date Approved: _____