

Clinton Youth Foundation
PO Box 32
Clinton, NY 13323
(315) 853-5687

Financial Assistance Application

The Clinton Youth Foundation has scholarship funds available for the swim lessons and membership assistance. Scholarships are based on financial need and are not restricted to members of the Clinton Pool. The following information is needed to determine how to allocate the funds available for financial aid. To help determine allocation, please complete this form and send it to the above address. **The deadline for applications is June 30, 2018.** *The following information will be kept confidential.*

Please Circle What You Are Requesting:

Membership Assistance

Swim Lessons

Name of Child: _____ Age: _____

Name of Parent/ Guardian #1: _____

If Guardian, Relationship to Child: _____

Address, City, State, Zip: _____

Preferred Phone Number: _____

Occupation: _____

Employer Information (address, phone, & email address):

Name of Parent/ Guardian #2: _____

If Guardian, Relationship to Child: _____

Address, City, State, Zip (omit if in same household): _____

Preferred Phone Number: _____

Occupation: _____

Employer Information (address, phone, & email address):

Parents Combined IRS adjusted gross of previous year income: \$ _____
(From form 1040 line 31 or form 1040A line 11)

Total number of members residing in the household: _____

Please explain why you are applying for financial assistance:

Are you able to put some money towards your membership or swim lessons?

YES NO

If yes, how much? _____

If there is any other information that you would like the financial aid committee to know in considering your application for financial assistance, you may attach additional information if needed.

Certification: I/We declare that the information reported on this form is true, correct, and complete. Clinton Youth Foundation has permission to verify the information reported above.

Signature of parent/ guardian

Date

Print Name