



FINANCIAL AID APPLICATION
(attach to registration)

NAME OF CHILD(REN): _____

NAME OF PARENT: _____

TYPE OF AID APPLYING FOR

___SCHOLARSHIP ___FEE REDUCTION ___MULTI-CHILD DISCOUNT

___IN-KIND SERVICE AGREEMENT

PLEASE LIST ANY SPECIAL CIRCUMSTANCES THAT WE MAY NEED TO
KNOW: _____

1. How many children do you have enrolled in WCYSA? _____
2. Do you receive SSI or SSDI, Social Security (if you are raising a grandchild), Worker's Compensation, short-term or long-term disability payments or unemployment benefits? _____
3. Do you receive Food Stamps/Cardinal Card or WIC? _____
4. Do you receive fuel assistance from Wise DSS? _____
5. Does your child receive free lunch in school? _____
6. Does your child receive reduced lunch in school? _____
7. Do you receive HUD or subsidized housing? _____

Financial Aid approved _____ /denied _____. By: _____.

TYPE OF AID APPROVED: SCHOLARSHIP: ___ FEE REDUCTION: ___
MULTI-CHILD DISCOUNT: ___ IN-KIND AGREEMENT: ___

IN-KIND ASSIGNMENT: _____

WCYSA will keep any and all information submitted for this purpose private and this information will not be divulged to any person outside the WCYSA Board of Directors.