

TREASURE COAST YOUTH SAILING FOUNDATION, INC.

PO Box 1783, Fort Pierce, FL 34954
772-480-0654

APPLICATION FOR FINANCIAL AID BY PARENT/GUARDIAN FOR STUDENT NAMED BELOW

Student Last name _____ First _____ Age ___ DOB ___/___/___
 Date completed _____ Applicant's relationship to student: Parent () Guardian () Other* ()
 Applicants Last name (Mr.) (Ms.) _____ First _____ MI _____
 Applicant's Address _____ City _____ State _____ ZIP _____
 Phone _____ Phone 2 _____ Cell _____ E-mail _____

*If other, explain _____

<u>Names of Household Members/Relatives</u>	SS#	Relationship	Sex	DOB	Disabled	Monthly Income	Income Source
			M F	/ /	Y N		
			M F	/ /	Y N		
			M F	/ /	Y N		
			M F	/ /	Y N		
			M F	/ /	Y N		
			M F	/ /	Y N		

Household Income				Household	Expenses		
Income	\$	AFDC	\$	Rent/Mortg	\$	Life Ins	\$
Spouse	\$	Food Stamps	\$	Electric	\$	Furniture	\$
Wrk Comp	\$	Unemployment	\$	Water	\$	Cable	\$
SSI	\$	Retirement	\$	Phone/cell	\$	Diapers	\$
SSDB	\$	Other	\$	Garbage	\$	Personal	\$
Private	\$	Other	\$	Food	\$	Gas	\$
Soc Sec	\$			Meds	\$	Child Sup	\$
Child SS	\$			Car Ins	\$	Other	\$
Child Sup	\$			Car	\$	Other	\$
Total Income	\$			Total Expenses	\$		

Failure to report all income, expenses and all other support may result in your application being denied.

What exceptional family circumstances qualify your child for free tuition _____

Why do you want your child to enroll in this program _____

Can your child pass a swimming test? (yes) (no) Completed the Student Application form? ** (yes) (no)

****The student application found on the web site or obtained by calling 772-480-0654, is required to be filed with this application along with a \$15 fee [\$50 deposit is waived with this application] for a one-half year Junior Membership. The fee is refundable if the tuition/lunch grant is denied. Payment by credit card with PayPal is available. See web site PayPal button. Paid by check (\$15) Paid by PayPal (\$15)**

Required attachments: Current paycheck stub () All other evidence of any current income ()

Does the child have reliable transportation to the park? (yes) (no) (The Foundation is unable to provide transportation)

Parent/Guardian/applicant signature _____ Date: _____

Approved () Denied () TCYSF rep _____ Date _____