

## CYFA FINANCIAL ASSISTANCE APPLICATION

Print and mail this form to: CYFA P.O. Box 2712, Claremore, OK 74018

E-mail questions to: [info@claremoreyouthfootball.org](mailto:info@claremoreyouthfootball.org)

You must also attach a copy of your most recent Federal Income Tax return (1040, 1040A, 1040EZ) to be considered.

<b>Application for (child's name):</b>	<b>Grade in Fall:</b>
<b>Football</b> ___ <b>or</b> <b>Cheerleading</b> ___	<b>Date:</b>

Names of Household Members	Gross Monthly Earnings	Monthly Welfare, Child Support, Alimony, Unemployment, Workers Comp	Monthly Payments from Pension, Retirement, Social Security	Any Other Income (Including Military / Military Housing)

<b>Income Guidelines</b>			
Household Size	Yearly	Monthly	Weekly
1	\$16,391	\$1,366	\$316
2	\$22,089	\$1,841	\$425
3	\$27,787	\$2,316	\$535
4	\$33,485	\$2,791	\$644
5	\$39,183	\$3,266	\$754
6	\$44,881	\$3,741	\$864
7	\$50,579	\$4,215	\$973
8	\$56,277	\$4,690	\$1,083

For each additional family member, add \$5698 to the yearly income

I certify that all the above information is true and correct and that all income is reported. I understand that this application is based on approval by the CYFA Board of Directors and that any false information will result in the dismissal of my child from the CYFA program.

Printed Name of Adult Household Member	Signature	Date
Address	City / State	Zip
Home Phone	Work Phone	Cell Phone