

# CYFA FINANCIAL ASSISTANCE APPLICATION

Print and mail this form to:     CYFA  
   PO Box 2712  
   Claremore OK 74018

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

Application For (Child's Name):	Grade In Fall:
Football _____ or Cheerleading _____	

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	\$16,744	\$1,396	\$322
2	\$22,646	\$1,888	\$436
3	\$28,548	\$2,379	\$549
4	\$34,450	\$2,871	\$663
5	\$40,352	\$3,363	\$776
6	\$46,254	\$3,855	\$890
7	\$52,156	\$4,347	\$1,003
8	\$58,058	\$4,839	\$1,117
For Each Additional Member Add:	\$5,902	\$492	\$114
Guidelines are based on the 2021-2022 USDA National School Lunch Program For Free & Reduced Lunch <a href="https://www.fns.gov/2021-04452.pdf">2021-04452.pdf (govinfo.gov)</a>			

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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Full: \_\_\_\_\_ Partial: \_\_\_\_\_ Amount: \_\_\_\_\_