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)

INCOME GUIDELINES			
Household Size	Yearly	Monthly	Weekly
1	$19,578	$1,632	$377
2	$26,572	$2,215	$511
3	$33,566	$2,798	$646
4	$40,560	$3,380	$780
5	$47,554	$3,963	$915
6	$54,548	$4,546	$1,049
7	$61,542	$5,129	$1,184
8	$68,536	$5,712	$1,318
For Each Additional Member Add:	$6,994	$583	$135
Guidelines are based on the 2021-2022 USDA National School Lunch Program For Free & Reduced Lunch https://www.govinfo.gov/content/pkg/FR-2024-02-20/pdf/2024-03355.pdf			

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: _____