



Financial Assistance Form

Hi-Y Basketball Program



Parent's Name: _____ Home/Cell Phone: _____

Address: _____ City/State/Zip: _____

Work Phone: _____ E-mail: _____

Child's Name: _____ Male Female Age: _____ School: _____

Income Information _____

Total Household Income: _____ * required in order to process registration

Please include: child support, disability pay, veterans pay, part-time job or any other income for ALL persons living in the household.

I certify that this is true and accurate. I give the YMCA permission to verify this information.

Parent/Guardian Signature: _____ Date: _____

Hi-Y Basketball

Total Household Income

<i>Under 20,000</i>	\$15 discount on Program
<i>20,000– 35,000</i>	\$10 discount on Program
Over 35,001	No Discount on Programs

Please attach this form to the Program Registration Form.

If you need further assistance please contact Peggy Van Alyne
 pvanalyne@siouxfallsymca.org
 605-336-3190 ext 212