

WAYA Scholarship request form for waiver of fees based on financial hardship

This form shall not be modified. It may be supplemented with additional material.

By signing this document, I hereby state that because of poverty, I am unable to pay any fees associated with the participation of the youth(s) and WAYA activity listed below.

Name of WAYA youth(s) and activity

Check mark or X if you receive aid from any of the programs listed. I currently receive:

___ Supplemental Security Income.

___ Medical assistance.

___ Food stamps/SNAP.

___ Other means-tested public assistance: _____

If you are unable to mark any of the above then please answer the last question (“I have the following unusual expenses...” see below).

___ My financial situation has changed since I became eligible for this program.

If you checked the above statement, and such changes would make you ineligible for the program(s) if you applied today, you must complete the next statement:

I have the following unusual expenses, other than ordinary living expenses, and paying the required WAYA Fees would create a Financial Hardship for our family: _____

Signature

Date

Print Name

Address: _____

Phone: (_____) _____ - _____

I understand I am required to supply additional proof upon request.