

ELIGIBILITY APPLICATION

Participant's Name		M/F	Grade	Age
Address (Street, City, State, Zip Code)				Telephone Number
Program/	Class Title	Date/Time	Session	Cost

Parent/Guardian Last Name		First Name	M.I.	Telephone Number(s) Home # Cellular #		
Address	Number	Street	Apt. No.	City	State	Zip
Place of Employment					Work #	
Parent/Guardian Last Name		First Name	M.I.	Telephone Number(s) Home # Cellular #		
Address	Number	Street	Apt. No.	City	State	Zip
Place of Employment					Work #	

Total Household Income Per Month:	
Wages, Salary	_____
Social Security	_____
Public Assistance	_____
Unemployment	_____
Child Support/Alimony	_____
Pension/Retirement	_____
Other	_____
Total	_____

List All Other Children in Household:	
NAME:	AGE:
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____
8) _____	_____

