



## Financial Assistance Form 2017

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: 3 4 5 6 7 8 9 10 11 12 13

Parent/Guardian(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Family Information:  Married  Single  Parent Divorced/Separated

Are you employed?  No  Yes, where - \_\_\_\_\_

Do you receive?

Free or Reduced Lunch  Yes  No

Food Stamps  Yes  No

Public Assistance  Yes  No

Child Care Assistance  Yes  No

Please submit any documentation from any of the above assistance programs.

- **OR** -

**Submit one of the following documents:**

- 1) Federal Tax **Form 1040 Page 1, 2016**
- 2) Current **weekly pay stub**
- 3) **Unemployment Determination Letter**
- 4) Formal **letter from employer** with current salary

Household Size	Annual Salary	Monthly Salary	Weekly Income	HR Tuition	HR weekly Payment

**Hampton Racquet @ Green Hollow  
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