

Financial Aid Assistance Form

WINTER

(this form will be kept CONFIDENTIAL)

Childs Name: _____ Age: _____ Grade: _____

Parent/Guardian: _____ Phone Number: _____

Address: _____ City: _____

Member of the Community Activity Center Non-Member of the Community Activity Center

Basketball

- 2nd Grade (\$10.00 / \$15.00)
- 3rd - 6th Grade (\$20.00 / \$25.00)

Wrestling (\$10.00 / \$15.00)

Activity Center Membership

- High School (\$100)
- Middle School (\$80)
- Elementary (\$65)

Income Eligibility Guidelines:

Household Size	Annual Salary	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	14,076	1,174	587	542	271
2	18,941	1,579	790	729	365
3	23,803	1,984	992	916	458
4	28,665	2,389	1,195	1,103	552
5	33,527	2,794	1,397	1,290	645
6	38,389	3,200	1,600	1,477	739
7	43,251	3,605	1,803	1,664	832
8	48,113	4,010	2,005	1,851	926
For each additional family member add:	4,862	406	203	187	94

Please provide a copy of your most recent pay stub. Specify weekly/monthly/etc.

Please return to: City Administrator, Lowell Johnson, PO Box 8, 306 Pearl St Wayne, NE

Applicant's Signature: _____ Date: _____

FOR CITY OF WAYNE OFFICE USE ONLY:

Financial Assistance Approved by:

Lowell Johnson, City Administrator

Date: _____