

Oyster River Youth Association

ACCESS Financial Assistance

1. We/I need assistance with the following:

- Program Fees

Registration fee programs

Please check season and list activity:

- Fall _____
- Winter _____
- Spring _____
- Summer _____

- Uniform Fees

For Travel Teams requiring parents to pay for uniform

Please list Activity:

- Activity _____
- Activity _____
- Activity _____
- Activity _____

2. I am applying for myself/my family: List any other children/dependents on a separate sheet.

Full name of Applicant: _____ Day Telephone: _____

Street Address: _____

City: _____ State and zip: _____

Spouse/other gaurdian: _____ Birthdate: _____

Child 1: _____ Birthdate: _____

Child 2: _____ Birthdate: _____

Child 3: _____ Birthdate: _____

Child 4: _____ Birthdate: _____

3. I have applied for someone else.

I am affiliated with _____

Name: _____ Agency Telephone: _____

4. This is an accurate reflection of my household income.

Applicant weekly take-home pay (please submit copy of check): _____

Employer: _____

Partner's weekly take home (please submit copy of check): _____

Employer: _____

Other income: _____

Employer: _____

TANF monthly (please submit copy of letter): _____

Unemployment (please submit copy of check or letter): _____

SS/SSI benefit (please submit copy of letter): _____

Worker's compensation (please submit copy of check or letter): _____

Child support (please submit copy of check or letter): _____

Other income (interest, pension, etc.): _____

I have submitted my most recent tax filing.

I did not file taxes last year.

FEES ARE DETERMINED ON A SLIDING SCALE BASED ON INCOME AND FAMILY SIZE

To estimate the percentage that your family would pay for ORYA programs, locate the number of individuals in your household, then find your total family income on the left side of the grid. This amount includes your take-home pay, all state or federal subsidies your family receives, as well as any additional income, including child support, interest income or other type.

If there is an expense that is not reflected in this calculation, including but not limited to child support, tuition payments or medical expenses, please speak to the ORYA Executive Director who can assist with helping determine how your family could qualify for ACCESS.

Family Income	Number in Family	1	2	3	4	5	6	7	8
AA	\$6,000	10%	10%	10%	10%	10%	10%	10%	10%
BB	\$8,000	10%	10%	10%	10%	10%	10%	10%	10%
CC	\$10,000	10%	10%	10%	10%	10%	10%	10%	10%
DD	\$12,000	10%	10%	10%	10%	10%	10%	10%	10%
EE	\$14,000	20%	10%	10%	10%	10%	10%	10%	10%
FF	\$16,000	30%	20%	10%	10%	10%	10%	10%	10%
GG	\$18,000	50%	20%	10%	10%	10%	10%	10%	10%
HH	\$20,000	60%	30%	20%	10%	10%	10%	10%	10%
II	\$22,000	80%	50%	30%	20%	20%	10%	10%	10%
JJ	\$24,000	100%	60%	50%	30%	20%	20%	10%	10%
KK	\$26,000	100%	80%	70%	60%	50%	30%	30%	20%
LL	\$28,000	100%	80%	70%	60%	50%	30%	30%	20%
MM	\$30,000	100%	100%	80%	70%	60%	50%	30%	30%
NN	\$32,000	100%	100%	100%	80%	70%	60%	50%	30%
OO	\$34,000	100%	100%	100%	90%	80%	70%	60%	50%
PP	\$36,000	100%	100%	100%	100%	90%	80%	70%	60%
QQ	\$38,000	100%	100%	100%	100%	100%	90%	80%	70%

OFFICE USE ONLY

Date Processed _____ Staff Processed _____

Membership/Program _____ Begin Date _____

Regular Fee _____ ACCESS Subsidy _____ Applicant Cost _____

Notes/Payment Plan: