



Please complete and submit to Shannon Bujoreanu School Age Director

**Child's Name:**

**School:**

**Grade:**

**Address:**

**Cell:**

**Email Address:**

**Parent's Name:**

**Birthdate:**

**Age:**

**Preferred Location:**     **YMCA**                       **In my school district**

- I have applied for the State Assistance Program**
- I have received my approval letter**             **I am waiting to hear back**
- I do not qualify for State Assistance Program**
- I would like to apply for the YMCA Financial Scholarship Assistance**