

FINANCIAL ASSISTANCE APPLICATION

Rockaway Waterfront Alliance believes in providing membership and program services to all who desire to participate. The financial assistance program, supported in part through donations to our organization, provides program services to those in need within our available resources. This application should be sent to programs@rwalliance.org.

Applicant's Name:			Date:	
(Person Filling Out Form)				
Address:				
City:		State:	Zip:	
Home/Work Phone #		#E-Mail ance notifications will be sent by	E-mail)	
Req	uesting Financial As	ssistance for (please chec	k one):	
	Aqua101 Se	ession 1 (July 8- July	12)	
Aqua101 Session 2 (July 15- July 19)				
	Aqua101 Se	ession 3 (July 22 - July	26)	
	Aqua101 Se	ession 4 (July 29– Aug 2))	
Cost of Membership or P	rogram: \$	450/per session		
This request is for (fill in name):			Date of birth:	
List all household member	rs, including applicant:			
<u>First Name</u>	<u>Last Name</u>	<u>Relationship</u>		
1.				
2.				
3.				
4.				
<u>5.</u>				
6.				

Assistance currently receiving (pl	here check all that app	ГА.	
Assistance currency receiving (P	ease check an that app	y):	
Supplemental Security Incom	ne (SSI) Food Starr	nps Medicaid Other:	
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I have attached a copy of my	most recent househol	ld IRS 1040 Federal tax form (the first ty	wo pages of the 1040
are required in order to process			
—	_		
		past year and will sign the IRS 4506-T f	orm to verify non-
filing and give authorization to R	NA to confirm.		
My household income for the pas	st year was \$		
the second second information		· · ·	
I hereby state that all information	provided to KyvA tilu	ie and accurate.	
Applicant Signature:			
For Office Use Only:			
Financial Assistance Award	Yes	No Financial Assistance Amount	
Award Dates from	to		
Date received		Date completed	
	·	,	