Sixth Street Youth Program
Sixth Street Community Center
638 E 6th Street, New York, NY 10009

Financial Aid Form 2016

Parent Name(s): _____

Child Name: _____

Does your household receive SNAP benefits? Yes: _____ No: _____

Please indicate your annual income (**single or combined**):

$45,000 and up _____ Household income: _____

(The program rate is $125/week. Submit form and await confirmation.)

$35,001-$45,000: _____ Household income: _____

(You are eligible to receive a reduced service fee: $100/week. Submit form with requested documents and await confirmation.)

$30,001- $35,000: _____ Household income:_____

(You are eligible to receive reduced tuition: $75/week. Submit form with requested documents and await confirmation.)

Below $30,000: _____ Household income: _____

(You are eligible to receive reduced tuition below $75/week. Submit form with requested documents and await confirmation.)

PLEASE RETURN THIS FORM WITH A COPY OF **YOUR BENEFITS CARD** (IF APPLICABLE) AND A COPY OF YOUR **MOST RECENT TAX RETURN** SHOWING YEARLY INCOME OR A **MONTH'S WORTH OF PAY STUBS**. WE WILL BE IN TOUCH TO CONFIRM THE DETAILS OF YOUR REDUCED TUITION!

NOTE: There is a $50 non-refundable deposit to enroll in Sixth Street Youth Program that can be used towards your first payment.