



Hampton Racquet @ Green Hollow  
P.O. Box 11 18  
East Hampton, NY 11937

### Financial Assistance Form 2018

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: 3 4 5 6 7 8 9 10 11 12 13

Parent/Guardian(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Family Information: Married    Single    Parent Divorced/Separated

Are you employed?    No            Yes, where - \_\_\_\_\_

Do you receive?

Free or Reduced Lunch    Yes            No

Food Stamps                Yes            No

Public Assistance         Yes            No

Child Care Assistance     Yes            No

Please submit any documentation from any of the above assistance programs.

- **OR** -

**Submit one of the following documents:**

- 1) Federal Tax **Form 1040 Page 1, 2016**
- 2) Current **weekly pay stub**
- 3) **Unemployment Determination Letter**
- 4) Formal **letter from employer** with current salary

Household Size	Annual Salary	Monthly Salary	Weekly Income	HR Tuition	HR weekly Payment