

KENOSHA YMCA

American Red Cross Centennial Campaign Application

Complete all sections. Be sure to check for EACH child if they need swimming lessons. Return to the Kenosha YMCA, Attn: Aquatics Director.

	TODAY'S DATE	TODAY'S DATE		
MR MS	Are you a Kenosha YMCA Member?	YES	NO	
NAME				

COMPLETE ADDRESS (Address, City, Sate & Zip)

PHONE (For notification purposes)

EMAIL ADDRESS

<mark>NEED SWIMMING</mark>

LESSONS?	MEMBERS OF HOUSEHOLD (First & Last Name)	AGE	DOB	M/F	RELATIONSHIP
Yes / No					
Yes / No					
Yes / No					
Yes / No					
Yes / No					
Yes / No					
Yes / No					

Have	you applied fo	or assistance	before at t	the Kenosha	YMCA? 🛛 Yes	🗆 No
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What is the total annual	income for y	our entire ho	ousehold?	\$
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How did you hear about this program? _____

Are you interested in taking a CPR/First Aid class at a reduced rate?	Yes	🛛 No
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Please explain the reason you are applying for this scholarship:

If awarded, I understand that I am agreeing to pay \$26 (per child) for EACH 8-week session my child(ren) are enrolled in. I am responsible for each payment regardless of usage.