



The Sean Reader Memorial Chess Fund
 Making the First Move Towards Helping Underprivileged
 Children and Children Battling Cancer to Enrich Their Lives
 Through the Game of Chess



APPLICATION FOR FINANCIAL ASSISTANCE

Today's Date _____ School _____

Student Last Name _____ First Name _____

Parent Last Name _____ First Name _____

Address _____

City _____ State CA Zip Code _____

Phone _____ E-Mail _____

Financial Information

Current Yearly Household Income _____ Number of Dependents in Household _____

Is Your Child Enrolled in the Free Lunch Program at School? YES NO

Do you Rent or Own or Other? RENT OWN OTHER _____

Level of Financial Assistance Requested 25% Off 50% Off 75% Off

Program Information

CYCL Program Requested: After School Evening Classes
 Home School Special Event Specify _____

Session Start Date _____ Session End Date _____

If school offers option of short and long session, which do you prefer? Short Long

Please complete this form and mail to:

Sean Reader Memorial Chess Fund (SRMCF) Committee, 25590 Novela Way, Valencia CA 91355

OR

Email Form to: help@seansfund.org and call CYCL at (661)288-1705 to let them know that an application for financial aid has been submitted.

After we have reviewed the form, we will contact you to let you know if you have been approved, and if so, at what percentage. We will also inform Coach Jay so that he can let you know the amount for which you will be responsible. The information you submit is NOT shared with CYCL coaches. It goes to the SRMCF Financial Aid Committee. Your information will not be shared.

INTERNAL USE ONLY

Approved

Advised Date _____

Family Cost _____

Not Approved

By _____

SRMCF Cost _____