

SeaAffinity Application for Waived Program Fee

Participant:

Participant's Last Name	First Name	Middle Initial	
Grade Completed (as of June 20__)	Age (as of June 20__)	Birth Date	Gender

Parent/Guardian:

Parent/Guardian's Full Name	Spouse's Name	
Street Address		
City	State	Zip Code
Home Phone #	Work Phone #	

Program:

Please indicate program and date you have applied for: _____

Payment information:

Standard Program Fee: _____

Portion of program fee you feel you can afford: _____

Please explain why you feel you need a portion of the program fee waived. Please be as specific as possible: _____

Verification:

I certify that the above statements are true and accurate to the best of my ability.

Signature of Parent/Guardian	Date
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