

TYPA Financial Aid Request



TYPA is committed to ensuring that children are not excluded from participation due to temporary or ongoing financial hardship. All requests are reviewed on a case-by-case basis. Submission of this form does not guarantee assistance.

Family Information	Participant Information
Parent/Guardian Name: _____	Child's Name: _____
TYPA Membership No. _____	Grade: _____
Email Address: _____	Program(s) for which assistance is requested: _____
Contact Phone: _____	Term/Season: _____

Request Details

Please briefly describe your circumstances and the type of assistance you are requesting (for example: partial fee reduction, short-term support, payment plan, etc.)

Acknowledgement

I understand that financial aid is limited, reviewed confidentially, and granted at the discretion of TYPA. I acknowledge that assistance is typically provided on a temporary basis and must be re-requested for future terms if needed.

Signature: _____

Date: _____

OFFICE USE ONLY

Program(s): _____	Standard Fee: _____
Approved Adjustment: _____	Duration (Term/Season): _____
Approved by: _____	Date: _____