

## **Young Jains of America**

## **Annual Regional Retreats**

yja.org | events@yja.org

## **Financial Assistance Form**

Attendee Information				(Press "Insert" key first to fill the form)
Name				
Address				
Address 2				
City, State, Zip				
Phone				
E-mail				
Age				
Your annual income (in	clude financial assis	tance, college a	assistantships, family contribution)	:
•	0-\$10,000	_	25,000	
			ng):	
			so, please list which one(s))	
•		· ·	•	
nave you received finar	iciai assistance at a	prior 13A Conve	ention or Retreat before (if so, plea	ase list which one(s))
Parent/Legal Guardian	Information (Comp	lete only if atter	ndee is under 18)	
Name	•	•		
Address				
Address 2				
City, State, Zip				
Phone				
Email				
Parent's annual income				
Parent Sannuar income		000 □ ¢25.00	00-\$50,000	00
			□ \$100,000-\$150,000 □ \$150,00	
	□ \$75,000-	\$100,000	□ \$100,000-\$130,000 □ \$130,00	<del>1</del> 00+
How many dependents	do vou support?:			
Total school and/or coll				
	-0	,	<del></del>	
Please submit a short d	escription (maximu	m 150 words) d	letailing your financial needs. If the	ere is a certain situation the 2020-
	•	•	e a note in the description.	
		, p		
I certi	fy that the informa	ation supplied i	s correct to the best of my know	ledge and belief.
Signed:			Parent/Guardian (If <18):	
<u> </u>	above as digital signatur			above as digital signature)
(Type name	above as argical signatur	c)	(Type name)	above as aigital signature,
Please email the compl	leted form to chairs	@yja.org along	with the 150-word or less paragra	ph. Your financial information will
			cess to it. Financial assistance will	
	served bas	sis, till our assist	tance allocation has been exhauste	ed
(Official Use Only):				
	Accepted	Rejected	Amount Approved: \$	<del></del>
Com	ments:			



## **Young Jains of America**

**Annual Regional Retreats** 

yja.org | events@yja.org