



Oyo Dance Company Oyo Access Application

Primary Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ OHIO _____
City State ZIP Code

Phone: _____ Email _____

Are you a resident of Franklin County, OH? YES NO Do you receive any of the following benefits?

	YES	NO
WIC	<input type="checkbox"/>	<input type="checkbox"/>
SNAP	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Household members

Please list members of your household (including yourself) that you wish to include in your Oyo Access membership. Household members include you, your spouse or domestic partner(s) and children under 18. Household members over 18 for whom you are a primary caregiver (i.e. elder care, those with developmental delays, etc.) also qualify.

Information other than name and age is collected for reporting purposes for our granting agencies, and does not impact your acceptance into the Oyo Access Program.

Name	Age	Gender	Highest education achieved
		Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> N/A - child <input type="checkbox"/> High school <input type="checkbox"/> Graduate <input type="checkbox"/> College <input type="checkbox"/> Post-Graduate
		Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> N/A - child <input type="checkbox"/> High school <input type="checkbox"/> Graduate <input type="checkbox"/> College <input type="checkbox"/> Post-Graduate
		Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> N/A - child <input type="checkbox"/> High school <input type="checkbox"/> Graduate <input type="checkbox"/> College <input type="checkbox"/> Post-Graduate
		Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> N/A - child <input type="checkbox"/> High school <input type="checkbox"/> Graduate <input type="checkbox"/> College <input type="checkbox"/> Post-Graduate
		Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> N/A - child <input type="checkbox"/> High school <input type="checkbox"/> Graduate <input type="checkbox"/> College <input type="checkbox"/> Post-Graduate
		Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> N/A - child <input type="checkbox"/> High school <input type="checkbox"/> Graduate <input type="checkbox"/> College <input type="checkbox"/> Post-Graduate
		Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> N/A - child <input type="checkbox"/> High school <input type="checkbox"/> Graduate <input type="checkbox"/> College <input type="checkbox"/> Post-Graduate

Please answer the following questions with regard to everyone in your household:

<p>How many people in your household identify as:</p> <p>_____ African American/Black</p> <p>_____ Latino/Hispanic</p> <p>_____ Caucasian/White</p> <p>_____ Asian/Asian American</p> <p>_____ Other (specify) _____</p> <p>How many people in your household identify as:</p> <p>_____ Disabled</p> <p>_____ Appalachian</p>	<p>What is your annual household income?</p> <p><input type="checkbox"/> Up to \$24,999</p> <p><input type="checkbox"/> \$25,000-\$49,999</p> <p><input type="checkbox"/> \$50,000-\$74,999</p> <p><input type="checkbox"/> \$75,000 - \$99,999</p> <p><input type="checkbox"/> \$100,000 or more</p> <p>What is your zip code? _____</p>
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Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that I must provide documentation of my participation in one of the qualifying programs listed above, and that I must present photo identification to receive my tickets at each performance.

Signature: _____ Date: _____

This application and supporting documentation must be submitted in person at the address below.

Please call 614.253.6683 to schedule an appointment.

Inspiration to Movement
1004 Parsons Avenue
Columbus, OH 43206