



# APPLICATION FOR FINANCIAL ASSISTANCE

Name of PLAYER in need: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Team Placement for Current Season: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address (2): \_\_\_\_\_

1-Parent/Guardian Employer: \_\_\_\_\_

2-Parent/Guardian Employer: \_\_\_\_\_

Number of Dependent Children: \_\_\_\_\_ Annual Gross Income\_ \$ \_\_\_\_\_

I believe that I can afford to pay: \_\$ \_\_\_\_\_ /month

I believe that I can contribute to the Club in the following volunteer role:

\_\_\_\_\_

List any extraordinary expenses:

\_\_\_\_\_

Applications and amount awarded may vary based on availability of funding at the time of review. By signing below, I attest that the information we are providing is accurate, that we have a financial need and that we would uphold our commitment to the organization as needed.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_