



## REQUEST FOR FINANCIAL ASSISTANCE

1. ALL REQUESTED INFORMATION MUST BE PROVIDED.
2. ALL SUPPORTING DOCUMENTATION MUST SUBMITTED IN ORDER FOR APPLICATION TO BE ACCEPTED.
3. APPLICATION & DOCUMENTATION ARE DUE ON THE DAY OF TRY-OUTS.

Date: \_\_\_\_\_

Player Name(s): \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Work / Address / Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Work / Address / Phone: \_\_\_\_\_

**Please Complete Financial Information on Page 2.**

**ALL SUPPORTING DOCUMENTATION MUST BE ATTACHED TO FORMS.**

# GROSS ANNUAL HOUSEHOLD INCOME AND EXPENSES

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**INCOME:** Enter all sources of income. Be sure to show the totals as well.

Source	Mother	Father
Wages/Pension		
Child Support		
Government Assistance		
Food Stamps		
Student Loan		
Other:		
<b>Total</b>		

**EXPENSES:** Enter all expenses. Be sure to show the totals as well.

Source	Mother	Father
Mortgage / Rent		
Power /Gas / Water		
Insurance		
Phone		
CATV / Satellite		
Other:		
<b>Total</b>		

**Describe your circumstances / reasons for applying for financial assistance. Please be sure to include all unusual expenses or obligations that you feel are necessary to justify your request.**

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I certify that the above information is true and complete to the best of my knowledge. I agree to inform Capital City Juniors VBC immediately of any changes in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Amount / Percentage Approved: \_\_\_\_\_