



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

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:		
Total		

BE SURE TO ATTACH COPY OF PAY STUB(S) and/or ASSISTANCE STATEMENTS.

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:		
Total		

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.

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: _____