

**MIDDLETOWN YOUTH FOOTBALL AND CHEERLEADING
CONFIDENTIAL - APPLICATION FOR FINANCIAL ASSISTANCE - CONFIDENTIAL**

PLAYER/CHEERLEADER INFORMATION:

Name _____ Age _____

School _____ Grade _____ Prior teams in MYF&C _____

PARENT/GUARDIAN INFORMATION

Parent or Guardian Name(s) _____

Address _____

Home Phone _____ Email _____

OTHER CHILDREN IN FAMILY/HOUSEHOLD

Name

Age

1 _____

2 _____

3 _____

4 _____

EVIDENCE OF FINANCIAL NEED

Does family have single or multiple incomes? _____ Single parent? Yes No

Do children receive free or reduced price lunches at school? Yes No

Are you receiving unemployment, food stamps or other aid? Yes No

Must show SNAP benefit letter or other documentation

Can you pay any amount? Yes No Amount: _____

Please state other reasons for requesting financial aid

Agreement

I agree to work at least 6 hours of volunteer time _____ (Initial here)

(Financial aid will not be approved if you can not work any volunteer time)

I certify that all information submitted in this application is truthful and accurate. _____

Signed _____ Date _____

Print name _____

MYF Verification/Approval:

SNAP letter verified: _____ Other documents: _____ Amt pd: _____

Scholarship amount: _____ Comment: _____

Approved: _____