

GYSC Financial Assistance Application

Player last name: _____ First name: _____

Player's street address: _____

City: _____ Zip: _____

Name(s) of parent(s) or guardian(s) at above address: _____

Parent/guardian home phone: (____) _____ Cell Phone (____) _____

How many other children in this family, living in this household, are on GYSC teams? _____

Are you applying for scholarships for any of these children? Yes ___ No ___

(To apply for additional children in the family, list each child's name & birth date on an additional page.)

How many adults _____ children _____ are supported by your household income?

Check total gross income (before taxes, inc. child support) earned by all adults in your household last year:

Under \$25,000 ___ \$25,001-35,000 ___ \$35,001-45,000 ___ \$45,001-\$50,000 ___ over \$50,000 ___

Please check assistance the player's family receives (check all that apply):

Subsidized housing _____ Free school lunch _____ Food stamps _____ Reduced school lunch _____

Medical assistance _____ other _____

Attach a brief written explanation of why you are requesting financial assistance and why you feel you may qualify. Without this information, your application cannot be accepted

I am requesting \$_____ (maximum \$425) per year as financial assistance from GYSC.

All statements in this application are true to the best of my knowledge.

Signature of applicant

Date

Printed name