

# Financial Assistance Application

## *Authorization for Release of Financial Information*

Please carefully read the following information:

- Limited scholarships are available to those who qualify
- To qualify, supply supporting documentation, including:
  - participation in the National School Lunch Program/School Breakfast Program;
  - or receiving food stamps;
  - or aid for dependent children.
- Bank/Tax information may be required.
- Financial aid requests will be accepted from April 1st until June 1st.
- Scholarships are awarded on a first come, first served basis
- No more than ONE scholarship per child will be awarded.
- Use one form per family.

Name of Recipient(s) \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Name of person making the request \_\_\_\_\_

Relationship to recipient \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number ( ) \_\_\_\_\_

Email address \_\_\_\_\_

What Team is this for? \_\_\_\_\_

Scholarship is being requested to apply to: Fees \_\_\_\_\_ Uniform \_\_\_\_\_

Other (specify) \_\_\_\_\_

What amount can you contribute? \_\_\_\_\_

Total number of children in the household under the age of 18? \_\_\_\_\_

number of adults? \_\_\_\_\_

Employer \_\_\_\_\_ Phone number ( \_\_ ) \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Phone number ( \_\_ ) \_\_\_\_\_

Monthly take home pay (before taxes) \$ \_\_\_\_\_ Spouse's \$ \_\_\_\_\_

All other Income/Support/Payments/Interest/Dividends: \_\_\_\_\_

Which of the following volunteer opportunities could you participate in?

Tryout Registration Table: \_\_\_\_ Flagging Fields: \_\_\_\_

Food Drive: \_\_\_\_ Striping Fields: \_\_\_\_ Other: \_\_\_\_

Please briefly describe your personal and/or special circumstances. All info will remain confidential.

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**Return to:**

Lynn Chapman

Attn: Sabers FC Financial Aid

8530 N. Antietam

Spokane, Wa 99208

You will be notified by mail of the status of your scholarship request.

Please allow 2-3 weeks.