

Financial Assistance Re-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;
 - receiving food stamps;
 - aid for dependent children.
- Financial aid requests will be accepted from April 1st until June 1st.
- Please attach a tax return for the current year.
- 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: _____

Bank/Credit Union name _____ Branch name _____

Phone number () _____

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.

By my signature below, I hereby authorize my employer to release information regarding my salary, and my banker to release information regarding my bank accounts, to Sabers. A copy of this Application with my signature shall be valid authorization for release of information.

Signature _____ Date _____

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.

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You must attach a current year tax return, and any documentation that showing child(ren) participate in the school lunch program or receive food stamps or aid for dependent children.