

## South Parkland Youth Sports Financial Assistance Application

**South Parkland** is committed to helping youth participate in sports. Financial assistance is available for families who demonstrate need and are unable to pay the full cost of participation. Assistance is limited and subject to available funds.

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### 1) Participant Information

**Player's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Sport:** \_\_\_\_\_

**Season (Fall, Winter, Spring):** \_\_\_\_\_

**Parent / Guardian Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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### 2) Household Information

**Home Address:** \_\_\_\_\_

**Number of adults in household:** \_\_\_\_\_

**Number of children in household:** \_\_\_\_\_

**Number of children in your household participating in SPYA sports this season:** \_\_\_\_\_

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### 3) Financial Need Information

Please check any items that apply to your household:

<input type="checkbox"/>	SNAP / Food Assistance	<input type="checkbox"/>	Unemployment / Recent job loss
<input type="checkbox"/>	TANF / Cash Assistance	<input type="checkbox"/>	Medical hardship / high medical expenses
<input type="checkbox"/>	Medicaid / Medical Assistance	<input type="checkbox"/>	Disability / unable to work
<input type="checkbox"/>	Free or Reduced School Lunch	<input type="checkbox"/>	Housing hardship
<input type="checkbox"/>	Other (Please describe):		

**Estimated total monthly household income:** \_\_\_\_\_

**Source(s) of income:** \_\_\_\_\_

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#### 4) Statement of Need

Please briefly explain your need for assistance and any special circumstances affecting your ability to pay:

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#### 5) Documentation

Please attach copies of these documents to be considered:

- Tax return (most recent required)
- Benefits letter (required)

Please attach copies of any of these documents to further support your request:

- Recent pay stubs
- School lunch eligibility letter
- Unemployment letter

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#### 6) Certification and Signature

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that financial assistance is not guaranteed, may be limited by available funds, and may require additional documentation. I understand that false or misleading information may result in denial or loss of assistance, repayment or legal action.

**Parent / Guardian Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

E-mail completed applications to [FinancialAid@spya.org](mailto:FinancialAid@spya.org)