

2017-2018 Financial Assistance

Financial aid is available toward your player club registration fees. It is a need based award and not merit award. Application must be completed by parent or guardian with all requested documents submitted to Andrew Mehalko apmehalko@gmail.com (Incomplete applications or those submitted will not be considered).

Player Information

Team:

Personal Information

Full Name: _____
First *Last* *M.I.*

Birth Date: _____

Gender: _____

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Cell Phone: _____

Email _____

Parent/Guardian Information

Parent Name: _____
First *Last* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Cell Phone: _____

Email _____

**Other Parent
Name:**

First

Last

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Home Phone:

Cell Phone:

Email

Proof of Income

Documents for Proof of Income Required:

Does your family receive or qualify for any of the following govt. or school aid programs (check box)? **Attach copies of documentation (for example - tax forms) to demonstrate need.**

___ Free or reduced school lunch

___ Unemployment benefits

___ Earned Income Tax Credit

___ Social Security income

___ Aid for dependent children (including Foster care)

___ Medicaid

Copy of previous year's household income tax return 1040 (or international equivalent) or copy of previous two calendar years W2 and 1099 forms of reported income.

OR

*to request a transcript from IRS use for 4506 T <http://www.irs.gov/pub/irs-pdf/f4506t.pdf>
section 5 put West Palm Beach FC 3561 Forest Hill Blvd, #69, West Palm Beach, FL 33406
and submit the tax transcript

I, , agree that the information provided is true to the best of my knowledge. I understand that falsifying any information could cause player to be dismissed immediately without refund, and players who are fraudulently dismissed will not be released from financial obligations previously agreed to. I understand WPBFC Staff will review my application and all aid recipients will be required to fulfill 20 volunteer hours throughout the course of the seasonal year.

Signature Date:

Today's Date ___/___/_____ Staff Use Only: Down Payment: \$_____ Staff Initials

Player Signature: _____

Parent/Guardian Signature: _____

Other Parent/Guardian Signature: _____