

EMPLOYMENT:

ARE YOU EMPLOYED: (If YES, where?) _____

PHONE: _____ NAME OF SUPERVISOR: _____

HOW MANY HOURS PER WEEK? _____ HOW MANY MONTHS PER YEAR? _____

INCOME:

WHAT IS YOUR HOUSEHOLD'S TOTAL ANNUAL GROSS INCOME? (INCLUDING WORK-RELATED INCOME, RETIREMENT, WORKERS COMP, UNEMPLOYMENT, COURT-ORDERED INCOME) \$ _____

ARE YOU: MARRIED _____ DIVORCED _____ WIDOWED _____ SEPARATED _____ SINGLE _____

IF MARRIED, IS YOUR SPOUSE EMPLOYED? _____ YES _____ NO (INCLUDE THIS IN HOUSEHOLD INCOME, ABOVE)

IF DIVORCED, DO YOU RECEIVE CHILD SUPPORT? _____ YES _____ NO (INCLUDE THIS IN HOUSEHOLD INCOME)

HOW MUCH MONEY DO YOU FEEL YOU CAN CONTRIBUTE TOWARDS REGISTRATION FEES? \$ _____

CURRENT ASSISTANCE RECEIVED:

- | | |
|--|-----------------------------------|
| _____ Temporary Assistance for Needy Families (TANF) | _____ Section 8 or Public Housing |
| _____ Supplemental Social Security Income (S.S.I. or S.S.D.) | _____ Food Stamps |
| _____ Child Health Plan Plus (CHP+) | _____ W.I.C. Recipient |
| _____ Medicaid Recipient | _____ Free Lunch Program |

This form must be accompanied with documentation to verify income, family size, current assistance received (if any) and/or need. The following statements are acceptable in this order:

- 1) Copy of most recent tax return – IRS 1040 (if you filed taxes, they must be provided) and a copy of current pay stub or earnings report which includes year-to-date income.
- 2) Copy of current pay stub or earnings report which includes year-to-date income and hours worked.
- 3) Proof of "Current Assistance Received" items checked (if any).
- 4) Other documentation that is verifiable and deemed adequate in the sole discretion of Financial Assistance Program Committee.

All information given on this application is confidential and will be used only for determining financial assistance. Any incorrect or omitted information will disqualify the applicant family for future financial assistance consideration.

I HEREBY STATE THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE BOULDER COUNTY FORCE SOCCER CLUB MAY HOLD ME RESPONSIBLE FOR THE TOTAL COST OF THE FEES SHOULD THE INFORMATION BE INCORRECT OR INACCURATE. I ACKNOWLEDGE THAT I RECEIVED A COPY OF THE BOULDER COUNTY FORCE FINANCIAL ASSISTANCE POLICY.

SIGNATURE OF APPLICANT

DATE

MAIL THIS APPLICATION AND ALL SUPPORTING DOCUMENTS TO:
Financial Assistance Committee
Boulder County Force Soccer Club
1510 28th St., Suite 100
Boulder, CO 80303