



Joplin Youth Football Assoc



Financial Assistance Application

PLAYER INFORMATION

Player Name _____
 Player Address _____ Player Phone _____
 Player Grade for this season _____ Player Age for this season _____
 Player School for this season _____
 Did player play JYFA last year? Y N Did player receive financial assistance last year Y N

HOUSEHOLD INFORMATION

List all children, parents/guardians, and step parents who live in your home:

PLAYER	RELATIONSHIP TO PLAYER	BIRTHDATE	AGE

INCOME INFORMATION

Please attach all forms of verification (i.e. check stub, note from employer, federal tax return, assistance award letter, etc.)

Is the Player employed? Y N Name of Employer _____
 Amount of pay before deductions _____ per _____ (weekly monthly yearly)

Is anyone in the household employed? Y N If yes, who? _____
 Name of employer _____
 Amount of pay before deductions _____ per _____ (weekly monthly yearly)

Is anyone else in the household employed? Y N If yes, who? _____
 Name of employer _____
 Amount of pay before deductions _____ per _____ (weekly monthly yearly)

Does anyone in your household receive other income such as child support, alimony, unemployment, social security benefits, food stamps or other? Y N If yes, who? _____
 Amount received _____ per _____ (weekly monthly yearly)
 Received from who? _____

OTHER

Are there any other circumstances which you would like us to consider? _____

Please attach all forms of verification (i.e. check stub, note from employer, federal tax return, assistance award letter, etc.)

The information provided on this form is correct and I agree to provide additional information if needed:

Person Completing this Form _____ (print)

Person Completing this Form _____ (signed)

Player's Name: _____

Player's Parent or Guardian _____

Date _____