

# Financial Assistance Application

Complete Form and mail to: DCSA  
1102 N. 3<sup>rd</sup> Ave  
Sturgeon Bay, WI 54235



## Application Information (Parent or Legal Guardian)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Primary Source of income:     Wages         Unemployment         Social Security  
 Child Support     Other

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

How much assistance are you requesting?     Full     Partial

If partial, what % do you need? \_\_\_\_\_

## Children playing Soccer:

\_\_\_\_\_ M/F    Date of Birth: \_\_\_\_\_

\_\_\_\_\_ M/F    Date of Birth: \_\_\_\_\_

\_\_\_\_\_ M/F    Date of Birth: \_\_\_\_\_

\_\_\_\_\_ M/F    Date of Birth: \_\_\_\_\_

Have you ever applied for financial assistance with DCSA before? \_\_\_\_\_

Why are you requesting assistance?

\_\_\_\_\_

Are there any other extenuating circumstances that you would like to share?

\_\_\_\_\_

## Verification and Authorization

- I certify that all information in this application is true and complete to the best of my ability.
- This application is not to be considered a guarantee of financial assistance.
- By voluntary participation in DCSA programs and activities, you assume and accept all risk of injury.

Signature \_\_\_\_\_ Date \_\_\_\_\_