**FINANCIAL ASSISTANCE APPLICATION FORM**

**\*\*\*Online account must be created before filling out application\*\*\***

[**www.vaasports.org**](http://www.vaasports.org)

**This form must be accompanied by proof of income or proof of enrollment in the free/reduced lunch program at your school.**

**Only ONE sport per application**

**Please print and fill out form.**

**Scan and email to:** [**admin@vaasports.org**](mailto:admin@vaasports.org)

**Or mail:**

**FINANCIAL ASSISTANCE**

**P.O. Box 240462**

**Apple Valley, MN 55124-9800**

##### **Parents Name:**

**Phone Number:**

**Email:**

**Step 1**

1. My child (ren) receives free or reduced school lunches Yes No
2. School Calendar Year
3. Number of people living in your household? Adults Children
4. List sport applying for: (**only one sport per application**)
5. Please list the child (ren) interested in participating with the VAA sport indicated in #5 above this for this school year.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Participant  First and Last Name | School Attending | Date of Birth | Gender | Grade | Amount  *(VAA use only)* |
|  |  |  | M or F |  |  |
|  |  |  | M or F |  |  |
|  |  |  | M or F |  |  |
|  |  |  | M or F |  |  |
|  |  |  | M or F |  |  |

### Step 2

***REMINDER: Prior to submitting this form, create your online account at*** [***www.vaasports.org***](http://www.vaasports.org)***. Enter information for each participant within your online account.***

Payments of $15 for Community Sports or payment of $30 for Travel Sports and Football will be processed online after VAA has received your completed forms and your application has been approved. Non-payment of fees above and beyond the VAA financial assistance may result in player/family ineligibility for the current and/or future sports participation.  If online payment is not received by the registration deadline, there is no guarantee that we can hold a place on a team for a participant.

I certify that I have read and understand the information on this form, and that the information submitted is complete and accurate to the best of my knowledge.  I authorize VAA to have access to any records, public or private, including employer, which will substantiate, verify, or refute the information contained in this application.

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Signature of Parent/Legal Guardian Date