



IN ORDER TO RECEIVE CONSIDERATION FOR A Chambersburg Trojans Youth Association Football and Cheer FEE WAIVER OR REDUCTION THIS FORM MUST BE SUBMITTED

**BEFORE THE FIRST DAY OF PRACTICE OF THE SEASON**

Please return form and supporting documents to

CTYA, PO Box 251 Chambersburg, PA 17201

*Fee Waiver funds are limited every year!!*

**CTYA Fee Waiver Application Year 2022**

Player name: \_\_\_\_\_ Age Group: \_\_\_\_\_

Player address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth \_\_\_\_\_ (must have)

Parent Name (*Mother*): \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Name (*Father*): \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Assistance requested is for **\$50.00 max towards Registration FEE ONLY**

Did you receive assistance last year? Yes \_\_\_ No \_\_\_ How much? \_\_\_\_\_

Other financial assistance currently received

Check any that apply: Public welfare \_\_\_\_\_ Housing assistance \_\_\_\_\_

Lunch program \_\_\_\_\_ Health Assistance program \_\_\_\_\_

Other(explain) \_\_\_\_\_

If request is due to emergency or recent hardship, please explain: (use additional sheet if necessary):

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: You MUST complete all areas and provide required documentation. This form will be returned to you and no assistance will be granted if sufficient information is not provided. Additional supporting information may also be requested.**

This application is used strictly to assist in determining need. No guarantee of assistance is associated with the completion of this application. All applications will be reviewed on an individual basis without regard to age, sex, or race.

All information and actions relating to this application will be treated confidentially.