



PVYF&C USE ONLY:

Reviewed by Board on: ___/___/___

[] Granted [] Denied Amt: _____

PALOS VERDES YOUTH FOOTBALL & CHEER FINANCIAL AID APPLICATION

Palos Verdes Youth Football & Cheer provides financial aid with donations to our program and is limited by available funding and number of applicants. Committee will review all applications and their decision will be made at their sole discretion. All financial information will be destroyed. All applicants will be notified if they have been awarded the financial aid or not. Participants must submit complete applications each season in order to be considered for financial aid. Unfortunately we will not consider incomplete applications. Application deadline is June 31, 2021

PLEASE USE ONE FORM PER CHILD

PRIMARY MEMBER (Parent or guardian for participants)

Legal First Name	MI	Legal Last Name	
Address	Apt	City/State	Zip
Phone Number	Primary Email		

FINANCIAL AID REQUEST

Program Registration for Flag: [] Cub [] Bobcat [] Wildcat	Program Registration for Tackle: [] MM [] JPW [] PW [] JV [] Var.	Program Registration for Cheer: [] Flag [] MM [] JPW [] PW [] JV [] Var.
Participant's Legal First Name	MI	Participant's Legal Last Name
Participant's grade in fall:	Age:	Participant's Birthdate:

INCOME VERIFICATION

HOUSEHOLD MONTHLY INCOME	Applicant		2 nd Applicant
	Monthly Income (include all sources including government assistance, retirement, and child support.	\$	\$
Number of adults supported by above income: _____			
Number of children supported by above income: _____			

ATTACH THE FOLLOWING DOCUMENTS

- [] Financial Aid Application
- [] Program Registration Materials: Registration Form, Birth Certificate, Physical Form Current Utility Bill, Waiver (if applicable)
- [] A short statement regarding your request for financial aid. (use back of application)

I certify that the above information is true and complete to the best of my knowledge. I understand that Palos Verdes Youth Football & Cheer's policy of financial aid is for a term of one season only. If granted financial aid, I understand that I will need to reapply for a scholarship, if needed, for the following season.

Signed: _____ Date: _____ Season: _____

