

MJSAO

Application for Financial Assistance

Financial Assistance may be available for qualifying student athletes. If you have a financial need, please complete this form and submit in a sealed envelope to the following address: Madison Junior School, 160 Main Street, Madison, NJ 07940 Attn: MJSAO. **Applications must be submitted prior to the Team's First Practice.**

All applications will be presented to the MJSAO Executive Board anonymously. You will then be contacted regarding the Executive Board decision.

Team: _____

Players' Name: _____

Mother's Name: _____ Father's Name: _____

Address: _____

Home Phone#: _____ Work or Cell#: _____

Email address: _____ Family Size: _____

Estimated Annual Family Income: _____

Does this student athlete currently play on another sports team? (circle one) YES or NO
If Yes, please describe all and list associated costs:

Has the family received financial assistance from MJS or the Madison School District in any other area? (circle one) YES or NO

Cost of the Team's Participation Fee: \$_____

What are you able to pay? \$_____

(This may be divided into monthly payments over the course of the season.)

Financial Assistance Requested: \$_____.

Parent/Guardian Signature