

Please supply the requested information, attach a copy of your previous year's Federal Tax Return, read and sign the acknowledgement statement, and mail the completed form to: Warrenton Youth Sports Club, ATTN: Financial Aid Committee, P.O. Box 3134, Warrenton, Virginia 20188 OR email directly to Lisa Garner at Lgarner@wysc.org.

The Mustangs Financial Aid Application and Federal Tax Return will be secured at all times and the information will remain strictly confidential.

### REQUESTOR INFORMATION

<b>Requestor's Name:</b>	
<b>Street Address:</b>	
<b>City, State, ZIP:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Size of Household:</b>	
<b>Player's Name:</b>	
<b>Player's Team:</b>	

### GROSS INCOME GUIDELINE

Size of Household	Income Limit		Size of Household	Income Limit	
	Monthly	Annual		Monthly	Annual
1	\$2,010	\$24,120	5	\$4,797	\$57,560
2	\$2,707	\$32,480	6	\$5,494	\$65,920
3	\$3,404	\$40,840	7	\$6,190	\$74,280
4	\$4,100	\$49,200	8	\$6,887	\$82,640

### EXTENUATING CIRCUMSTANCES

In the event your household does not qualify for financial aid based on the gross income guidelines, above, you may still be eligible for assistance base on extenuating circumstances. Please offer a brief explanation as to your circumstances and submit along with the balance of this application.

### ACKNOWLEDGEMENT

I certify that the information I have provided and attached is complete and true. Our family agrees to provide at least five hours of volunteer time for club activities, per each of the four season, as consideration for any financial assistance which may be provided.

\_\_\_\_\_  
 Signature:

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

\_\_\_\_\_  
 Signature of Finical committee

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Travel committee Chairman

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Competitive Sports Coordinator

\_\_\_\_\_  
 Date