

**CLARKSBURG SPORTS ASSOCIATION
PO BOX 145
CLARKSBURG, MD. 20871-0145**

Financial Aid Application

I. Personal Information

Student's Name (Last, First, Middle initial): _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ **Email:** _____

Date of Birth: _____ **Gender:** ____ **female** ____ **male**

Race (optional): American Indian Asian/Oriental Black/African-American
Hispanic Caucasian/White other: _____

Current Grade in School (if on summer break, indicate next school year grade): _____

School Name: _____

Parents' marital status: single married divorced legally separated widowed

• If divorced, who is the custodial parent? _____

• Check here if the parent completing this form is NOT the custodial parent:

Occupation of father/guardian: _____

Occupation of mother/guardian: _____

II. Income Information (Please state income in total dollar annual amounts.)

• Custodial parent must indicate any child support or alimony received from non-custodial parent.

• If legally separated, both parents' income must be reported.

Current Income

1. Annual income of male parent or guardian (wages, salaries, tips)..... \$ _____

2. Annual income of female parent or guardian (wages, salaries, tips)..... \$ _____

3. Annual interest and/or dividend income (specify source): _____ \$ _____

4. Annual business income \$ _____

5. Other taxable income (specify: pensions, capital gains, etc.): _____ \$ _____
6. Annual alimony or child support..... \$ _____
7. Annual Social Security benefits \$ _____
8. Annual allotment of food stamps \$ _____
9. Annual AFDC (Aid to Families with Dependent Children)..... \$ _____
10. Other nontaxable income (specify source): _____ \$ _____
- Total Annual Income (Add lines 1-10) **TOTAL** \$ _____

III. Additional Financial Information

Total # of dependent children in household: _____

Names & ages of children: _____

What is the approximate amount the family can contribute toward CSA Program? \$ _____

IV. Program Selection

Place an (X) by the program(s) you wish your child to participate.

- | | | | |
|----------------|------------------|--------------|---------------------|
| ___ Baseball | ___ Pom Pons | ___ Cheer | |
| ___ Basketball | ___ Field Hockey | ___ Tennis | ___ Soccer |
| ___ Football | ___ Wrestling | ___ Golf | ___ Track and Field |
| ___ Swimming | ___ Volleyball | ___ Lacrosse | |

V. Certification

I certify that the information furnished on this form is complete and accurate to the best of my knowledge.

Signature of Parent/Guardian

Print Name

Relationship to Student

Date

***Please complete this form and mail to:
P.O. Box 145 Clarksburg, MD 20871-0145
Attention: President Clarksburg Sports Association**