



## SUNRISE OPTIMIST GIRLS' SOFTBALL ASSOCIATION

### REQUEST FOR FINANCIAL ASSISTANCE

If is the policy of Sunrise Optimist Club and the Sunrise Optimist Girls Softball Association that every girl should have the opportunity to play softball regardless of financial considerations. Therefore the Association will reduce or waive fees to qualified players based upon financial need. The following form should be completed and returned along with applicable documentation to your coach or to the Association. If you need assistance in completing this form please call us at 692-0693 or email us at [sunrisesoftball@twc.com](mailto:sunrisesoftball@twc.com)

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Children's name(s)	Grade	Age	Sex	Birthdate
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Are you currently receiving or have you ever received JTPA, SSI, or AFDC Aid? \_\_\_\_\_

Gross Monthly Family Income: Parent/Guardian 1	Parent/Guardian 2
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Employment	_____	_____
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Child Support	_____	_____
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Government Assistance	_____	_____
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I hereby attest and swear that information given above is correct to the best of my knowledge. I hereby request that the Association reduce by child's player fee to \_\_\_\_\_ or request that the fee be waived.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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Office Use Only:

Reviewed and approved :

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