**SUNRISE OPTIMIST GIRLS' SOFTBALL ASSOCIATION**
**REQUEST FOR FINANCIAL. ASSISTANCE**

It 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.

These form should be completed and returned to Sunrise Optimist Softball. If you need assistance in completing this form, please call us at 692-0693 or email us at sunrisesoftballwf@gmail.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)/Ages | |

| | |
|---|---|
| **Are you currently receiving or have your ever received JTPA, SSI, or AFDC Aid?** (Yes or No) | |
| **Which program have are you currently receiving:** | |

| **Gross Monthly Family Income: Parent/Guardian 1** | |
|---|---|
| Employment: | |
| Child Support: | |
| Government Assistance: | |
| **Gross Monthly Family Income: Parent/Guardian 2** | |
| Employment: | |
| Child Support: | |
| Government Assistance: | |

| | |
|---|---|
| I hereby attest and swear that information given above if correct to the best of my knowledge. (Yes/No) | |
| I hereby request that the Association reduce by child's player fee to ___ or request that the fee be waived. | Reduce to: $ Wavied (Y/N): |
| Parent/Guardian 1 Name/Date: | |
| Parent/Guardian 2 Name/Date: | |

Email form to sunrisesoftballwf@gmail.com

Office Use Only:
Reviewed and approved :
Date:_____ By:_____