

GLASS CITY ATHLETICS
FINANCIAL AID APPLICATION
2011-2012

Applicants Family Name _____
Player's Name _____ Age/Team _____
Player's Name _____ Age/Team _____
Player's Name _____ Age/Team _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ (Alt 1) _____ (Alt. 2) _____
Any other dependant children: Yes _____ No _____ If yes, how many _____

Please list any financial concerns that should be taken into to evaluate this application:

PERSONAL DATA

Name of Father _____
Address if different _____
Phone _____ Employer _____
Annual Income _____ Marital Status : Single ___ Married ___ Divorced ___ Separated ___

Name of Mother _____
Address if different _____
Phone _____ Employer _____
Annual Income _____ Marital Status: Single ___ Marrried ___ Divorced ___ Separated ___

HOW MUCH FINANCIAL ASSISTANCE ARE YOU REQUESTING? _____

I CERTIFY THAT THE INFORMATION REPORTED IN THIS APPLICATION FOR A FINANCIAL AID GRANT AND ANY ATTACHMENTS SUBMITTED HEREWITH ARE TRUE, ACCURATE AND COMPLETE TP THE BEST OF MY KNOWLEDGE

Parent Signature _____ Date _____

All applications must be received by Friday January 6, 2012 and are confidential. Maximum financial aid award is \$250.00.

Mail this form to: Glass City Athletics
4350 South Berkey Southern
Swanton, Ohio 43558
419-402-4121

Amount Awarded _____ Date Awarded _____ Reason Denied _____