

2006



Financial Assistance Program

No person is turned away from participation due to the inability to pay full Union Youth Football Association (UYFA) Registration Fees.

The Union Youth Football Association (UYFA) seeks to assist people who have financial limitations. Financial assistance funds are allowed from the UYFA operating budget. The amount of assistance awarded to any one individual/family may be limited in order to serve the greatest number of applicants within the resources available.

All information obtained in the Financial Assistance Program Application will remain confidential and be accessible only to members of the Financial Assistance Committee. Under no circumstances, will anyone else have access to individual identifying information concerning applicants.

Financial Assistance APPLICATION



1 Eligibility.

1. Applicants must reside within the boundaries of the Union Public Schools or meet the criteria set forth in the UYFA By-Laws Membership.
2. Assistance will be granted on the basis of financial need through the application process. All fees and assistance are to be kept confidential, as they are specific to individual circumstances.
3. Financial assistance will be reviewed for eligibility annually or as deemed necessary.

2 Personal Information.

Name: _____ Social Security #: _____
 First Middle Initial Last

Street Address: _____ City: _____ ZIP: _____
 In Union School Boundary

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____ Employer Address: _____

Marital Status (check one): Single Married Separated Divorced Widowed

Partner Name: _____ Social Security #: _____
 First Middle Initial Last

Street Address: _____ City: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____ Employer Address: _____

DEPENDENTS IN HOUSEHOLD:

Name: _____ Male / Female Age: _____ Grade: _____

Name: _____ Male / Female Age: _____ Grade: _____

Name: _____ Male / Female Age: _____ Grade: _____

Name: _____ Male / Female Age: _____ Grade: _____

Name: _____ Male / Female Age: _____ Grade: _____

Name: _____ Male / Female Age: _____ Grade: _____



3

Financial Information.

MONTHLY LIVING EXPENSES (Documentation may be required):

Rent/Mortgage:	\$ _____
Utilities (Electric/Water/Gas/Sewage - No Cable):	\$ _____
Telephone:	\$ _____
Automobile Payment:	\$ _____
Automobile Insurance:	\$ _____
Transportation Costs (Fuel/Maintenance):	\$ _____
Insurance (Life/Health):	\$ _____
Medical/Dental Not Covered by Insurance:	\$ _____
Tuition or College Loans:	\$ _____
Credit Cards/Loans (Please List):	\$ _____
Child/Spousal Support:	\$ _____
Other Expenses:	\$ _____
TOTAL MONTHLY EXPENSES:	\$ _____

MONTHLY INCOME (Documentation may be required):

Total Household Gross Income (Before Taxes):	\$ _____
Investment Generated Income:	\$ _____
Unemployment:	\$ _____
Child/Spousal Support:	\$ _____
Disability/Worker's Compensation:	\$ _____
Social Security:	\$ _____
Pensions, Etc:	\$ _____
Food Stamps:	\$ _____
Other (Tips/Scholarships/Etc.):	\$ _____
TOTAL MONTHLY INCOME:	\$ _____

Please list and document any special circumstances that contribute to your request for financial assistance (i.e., family illness/death, unemployment, etc.) Use additional sheets if necessary.

I declare that all the information contained in this application is true and correct, to the best of my knowledge and belief. If requested to do so, I can/will provide substantiation of all facts including current income. I have provided all required income documentation.

Applicant Signature _____ Date: _____