# **COLUMBIA RAVENS FINANCIAL AID APPLICATION 2015**

Parent/Guardian #1				
Name			Relationship to child	
Address		City	State	Zip
Home Phone	Ce	II Phone	Email Address	
Employer		Years with Employer	Occupation	
Full-Time / Part-Time (Circle)		Hrs./Week	Hourly Rate	
Pay-Period: Weekly / Bi-Weekly / Twice per Month / Monthly (Circle)			Amount R	eceived each Pay-Period
Parent/Guardian #2				
Name			Relationship to child	
Address		City	State	Zip
Home Phone	Ce	II Phone	Email Address	
Employer		Years with Employer	Occupation	
Full-Time / Part-Time (Circle)		Hrs./Week	Hourly Rate	
Pay-Period: Weekly / Bi-Week	ly / Twice per I	Month / Monthly (Circle)	Amount R	eceived each Pay-Period
ANNUAL INCOME				
Gross Wages/Salary Are you Self Employed? (If sa Dividend & Interest Income Do you currently receive alin Do you participate in any go Are there any other forms of Amount from Side Jobs	(a) (b) (c) (d) (e) (f) (g)			
Total Income (a)+(b)+( c)+(d)	)+(e)+(f)			
Gross Rent Amount paid by Government A Amount paid by Others Net Rent Amount Paid by You Does child/player receive re		=	d/player receive free lunch?	? (Y) or (N)
Vehicle #1 (Year) Make	Model	Year Purchased/Lease	Purchase/Lease Price	Monthly Payment
Vehicle #2 (Year) Make	Model	Year Purchased/Lease	Purchase/Lease Price	Monthly Payment
Certification I/we declare that the information reported on this form is true, correct & complete. The Columbia Ravens and or their				

agents/affiliates has permission to verify the information reported above. I acknowledge that additional fundraising and volunteer assignments may be imposed on me and my family as a condition of our acceptance of any financial assistance from the Columbia Ravens Football, Inc.

Applicants Signature is the legal Parent/Guardian

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Child #1 Name of Child	Age	Date of Birth
School	Applying for Financial Aid YES/NO	Grade
Child #2 Name of Child	Age	Date of Birth
School	Applying for Financial Aid YES/NO	Grade
Child #3 Name of Child	Age	Date of Birth
School	Applying for Financial Aid YES/NO	Grade
Child #4 Name of Child	Age	Date of Birth
School	Applying for Financial Aid YES/NO	Grade
Child #5 Name of Child	Age	Date of Birth
School	Applying for Financial Aid YES/NO	Grade
Child #6 Name of Child	Age	Date of Birth
School	Applying for Financial Aid YES/NO	Grade

### \$350

Columbia Ravens cost for your child including (lights/equipment/insurance/refs/league fees/field space/pads/bags/medical supplies etc.)

\$ How much of the Total Registration Fee can you Afford?

return and documentation	are applying for Financial Aid. You are required to show proof of last/current year income tax n of your child's free/reduced lunch. All documents must be submitted at the time of APPLICATION WILL BE DENIED!
For Office use only:	
Total Amount Approved	Amount Per Player:
Denial Reason:	
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FA Committee Signature	