

# GEORGE K. TEAGLE ASSISTANCE FUND APPLICATION

CHILD'S LAST NAME CHILD'S FIRST NAME TEAM

PARENT/GUARDIAN'S LAST NAME PARENT/GUARDIAN'S FIRST NAME

ADDRESS CITY, STATE ZIP CODE

PHONE NUMBER E-MAIL ADDRESS

List Gross Income (*before any deductions*) in whole dollars

**Job 1**

Amount/How often

\$ \_\_\_\_\_

**Job 2**

Amount/How often

\$ \_\_\_\_\_

**Welfare, Alimony, Child Support Received**

Amount/How often

\$ \_\_\_\_\_

**Any Other Income**

Amount/How often

\$ \_\_\_\_\_

Text

Total number of dependents \_\_\_\_\_

I understand that the Peninsula Youth Football Association requires every family to pay at least \$25 for each child.

Board members will determine the amount of assistance given on a case-by-case basis.

I acknowledge that the above information is true and accurate for tax year \_\_\_\_\_.

SIGNATURE

DATE

## Board Member Review

Board Member

Comments

Circle Choice

\_\_\_\_\_

\_\_\_\_\_

Approved / Denied

\_\_\_\_\_

\_\_\_\_\_

Approved / Denied

\_\_\_\_\_

\_\_\_\_\_

Approved / Denied

Assistance Amount \$ \_\_\_\_\_

*Any income information provided to YSYFCL, Inc. will be solely used to determine eligibility for the George K. Teagle Assistance Fund*