

**GEORGE K. TEAGLE ASSISTANCE FUND APPLICATION**

\_\_\_\_\_  
Child's Last Name                                      First Name                                      Team

\_\_\_\_\_  
Parent/Guardian's Last Name                                      First Name

\_\_\_\_\_  
Address                                      City, State                                      Zip Code

\_\_\_\_\_  
Phone Number                                      Alt. Phone Number                                      E-Mail

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

**Job 1**  
Amount/How Often  
\$ \_\_\_\_\_

**Job 2**  
Amount/How Often  
\$ \_\_\_\_\_

**Welfare, Alimony, Child/Spousal Support  
Received**  
Amount/How Often  
\$ \_\_\_\_\_

**Any Other Income**  
Amount/How Often  
\$ \_\_\_\_\_

Total Number of Dependents: \_\_\_\_\_

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\_\_\_\_\_ I understand that the Peninsula Youth Football Association requires every family to pay \$25 per child that assistant is considered for.

\_\_\_\_\_ I understand that if I am approved for Teagle Fund Assistance, I must sign up for two (2) concession shifts per child that assistance is granted for. I cannot pay a teen to take my shifts.

\_\_\_\_\_ I understand that if I am approved for Teagle Fund Assistance, I am responsible for selling \$50 in raffle tickets per child that assistance is granted for.

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

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**BOARD USE ONLY**

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**Board Member**

**Comments**

**Circle Choice**

\_\_\_\_\_

\_\_\_\_\_

**Approved/Denied**

\_\_\_\_\_

\_\_\_\_\_

**Approved/Denied**

\_\_\_\_\_

\_\_\_\_\_

**Approved/Denied**