

# Harrisonburg Hornets

## Request for Financial Assistance: 2015-2016

### 1. Player Information

Player's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
First Middle Last mm dd yyyy

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Name of Hornets Team: \_\_\_\_\_

### 3. Parent/Guardian Information

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

4. Household Size (number of all persons living at the player's home): \_\_\_\_\_

5. Does the Player's Household Receive Federal School Nutrition Program Benefits  
(check one): \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", a copy of your School Nutrition Program determination Letter must be provided.

If "No", provide a copy of the following documents with your Request for Financial Assistance:

.-Most recent Form1040: Federal Income Tax Return.

.-Four (4) most recent pay stubs from all household income earners.

6. I certify that all information and materials provided in this request for financial assistance are true to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent/Guardian Applicant

\_\_\_\_\_  
Date