



**NATICK YOUTH  
FOOTBALL & CHEERLEADING  
ASSOCIATION**

## Request for Financial Aid

Participant Information (Please list all participants individually)

Participant's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Participant's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Participant's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Parents/Guardian

Father \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Mother \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Number of participants for Football \_\_\_\_\_ Cheerleading \_\_\_\_\_

Total Fee \$ \_\_\_\_\_ The Family will Contribute \$ \_\_\_\_\_

If unable to contribute the total fee \$ the family will support the program by donating 10 hours of their time to Natick Youth Football and Cheerleading program where needed.

Total number of dependants under the age of 18 living in the household \_\_\_\_\_

### FINANCIAL INFORMATION:

Social Security Income \_\_\_\_\_

Receiving Medicaid Yes  No  AFDC Recipient Yes  No

Receiving other federal, state, or local aid Yes  No  please specify \_\_\_\_\_

Gross Monthly Income \_\_\_\_\_ Net Monthly Income (Take Home) \_\_\_\_\_

(All figures must be total family income, all income to the household)

Please provide any other information you feel would be helpful to your application.

I certify that the information given is true in every respect to the best of my knowledge:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian

**Please return this completed form to the Natick Service Council, 2 Webster Street, Natick, MA 01760. (508) 655-1719. The Natick Service council will notify Natick Youth Football and Cheerleading directly.**