



Financial Assistance Application

Today's Date: _____

This application is not to be considered a guarantee of financial assistance. Please complete the information requested below and indicate with the letters "NA" when information requested does not apply to you. A P.O.W.E.R. of Play representative will contact you with any questions or additional information needed. **Scholarship recipients must provide their own transportation.** Please allow 4 weeks to process your request. You will be contacted if your application has been approved.

****Your application must be accompanied with the following documents to be complete:**

1. Copy of past two pay stubs & any additional income including government assistance (most recent)
2. Copy of most recent report card
3. Copy of recommendation by Coach, Teacher, School Counselor or Pastor (cannot be a Proehlfic Park coach or staff member of any capacity)

1. Applying Child/Children

Child's Name	DOB	Age	Gender	Special Conditions

Parent/Guardian's Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Cell #: _____
 Email Address: _____

2. Family Information: How many dependents (not including adults) live in your household? _____

3. Reason assistance is needed (please circle all that apply):
 Low Income Unemployment Academic or Job Training Program Social/Emotional Need
 Special/Other (please explain): _____

4. I am applying for financial assistance in the following area (circle one):
 _____ **Membership:** Youth Family College
 _____ **Program:** After School All Day Summer Care Camp (Name & Date of Camp _____)
 _____ **Other Program:** _____
 _____ **Proehlfic Park Team (please list team name and coach):** _____
 _____ **Other:** _____

5. What is the cost of the Program you are applying for? _____



6. Employment Information: Please complete all information and submit copies of your two most recent pay stubs for *all* persons living in your household who are employed.

Name of parent/guardian of youth:	Name of spouse or other adult if applicable:
Employer's Name and Address:	Employer's Name and Address:
Phone #:	Phone #:

7. Monthly Income:

What is the gross, monthly household income? _____
 Do you receive any government assistance such as social security, child support, etc.? _____
 If so, how much do you receive monthly? _____

8. CHILD'S personal story: (to be completed by the **CHILD** applying for financial assistance; use back if necessary.)

Why do you want to spend time at Proehlific Park?

Tell us about your interest in sports and/or your sports background:

What do you hope to achieve at Proehlific Park?

Tell us about your present or past involvement in the community with name and time of your service if any (i.e., Soup Kitchen from March – December 2016).



9. Scholastics: Please attach a copy of your child's current of most recent report card.

10. How will the applicant be transported to and from Proehlfic Park if awarded a scholarship? _____

11. Volunteer Opportunities: There are many ways to give back to the P.O.W.E.R. of Play Foundation. Volunteers are needed in fundraising, educational tutoring, concessions, coaching, and facility maintenance. Please note that volunteering is not required for assistance to be granted.

Check the areas where you or your child can contribute:

	Tutoring
	Clerical Assistance
	Coaching
	Facility Maintenance
	Concessions
	Fundraising/Events

12. Recommendation from Coach, Teacher, School Counselor or Pastor: Please attach a copy of recommendation. (Cannot be a Proehlfic Park coach or staff member of any capacity.)

13. Personal Story: Please briefly tell us about yourself and why you feel you are a good candidate for our financial assistance program: _____

14. Statement of Verification: I verify that all of the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the P.O.W.E.R. of Play Foundation within 30 days. If I submit false or inaccurate information or fail to notify the P.O.W.E.R. of Play of any changes in my financial situation within 30 days, I may be terminated from the Financial Assistance Program.

Signature of Applicant

Date

PLEASE RETURN THE COMPLETED APPLICATION IN ITS ENTIRETY TO:

P.O.W.E.R. of Play Foundation
 PO Box 38934
 Greensboro, NC 27438