



Financial Assistance Application

Today's Date: _____

This application is not to be considered a guarantee of financial assistance. Please complete the information requested below accurately and in its entirety before submitting. **Please see the application deadline for each program on the last page. Once we receive your application, please allow 4 weeks to process your request.**

****Your application must be accompanied with the following documents to be complete. Incomplete applications will not be reviewed or accepted:**

1. Copy of two most recent pay stubs & any additional income including government assistance, child support, social security, etc.
2. Copy of most recent report card
3. Copy of recommendation letter from a 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	Age	Gender	School	Special Conditions

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

Are you a gym member at Proehlfic Park? (Please Circle) **Yes / No**

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):

____ **After School:** Part Time Regular Platinum Van Transportation (only for select schools)
 ____ **Summer Blast!:** Part Time Full Time
 ____ **Sports Team (please list sport, 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 and/or applicable government documents for *all* persons living in your household.

Name of parent/guardian of youth:	Name of parent/guardian of youth:
Employer's Name and Address:	Employer's Name and Address:
Employer's Phone #:	Employer's Phone #:

7. Monthly Income: Please fill out the information below and provide necessary documentation.

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 2016 – December 2016).

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



10. Volunteer Opportunities: We require both guardians and children who receive financial assistance to complete a minimum of **5 service hours a year** with our Foundation. There are many ways to give back to the P.O.W.E.R. of Play Foundation. Volunteers are needed for summer camp, special events, fundraising, and more. Please note that hours of service completed will be considered in the amount of assistance provided each year, with a minimum requirement of 5 hours a year.

Check the areas where you or your child would be interested in serving (items in yellow are good for young children when accompanied by an adult):

	Holding a Fundraiser for the P.O.W.E.R. of Play Foundation (bake sale, car wash, etc.)
	Ricky Proehl Celebrity Classic (shuttling, set-up/breakdown, auction, etc.)
	Collecting Raffle/Auction Donations
	Summer Camp (picking up and packing food to send home, picking up lunches, etc.)
	Outdoor Movie Night (concessions, parking attendant, set-up/breakdown)
	Santa's Helpers (shopping, packing bags, handing out bags, etc.)
	Other (miscellaneous tasks that arise, other service projects, etc.)

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

12. Clothing Pantry: We partner with Backpack Beginnings and periodically take our scholarship recipients to their clothing pantry where they are able to pick out clothes and shoes for their children at no cost. If you are awarded a scholarship, would you be interested in this program? (Please Circle) **Yes / No**

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

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

15. 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:

Prohlific Park
 ATTN: Julia Eger
 4517 Jessup Grove Rd
 Greensboro, NC 27410



P.O.W.E.R of Play Foundation Scholarship Program – Application Deadlines

SPORT / PROGRAM	DEADLINE
After School Care	August 1 st (exception for new applicants)
GUSA Soccer	May 15 th
Lady Gaters Basketball	August 1 st
NC POWER Volleyball	October 1 st
Proehlfic Power Baseball	No Deadline
Proehlfic Power Softball	No Deadline
Recreation Basketball	2 weeks before season's start date
Recreation Flag Football	2 weeks before season's start date
Summer Blast! Camp	May 20 th