



SAN MARCOS POP WARNER FINANCIAL ASSISTANCE PROGRAM REQUEST FORM

Participant: _____ **Date:** _____
Parent/Guardian: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____

Required:

All below items must be completed and turned in by May 5th to be considered

- Payment of 50% of Registration Fee
- All Registration Paperwork

The following FAP must be submitted paperwork:

- 20__ Taxes
- Hardship Letter
- 1 Month's Pay Stubs
- Sponsors: _____

(Enter sponsors other than SMPW)

Please Read Carefully

San Marcos Pop Warner encourages all children in the community of San Marcos to become involved in SMPW as a football player or cheerleader, and we can assist those who need help. Should your request for assistance be granted, you will be required to pay 50% of the registration fee, or find a sponsor who will cover the remaining fees. You will also be required to complete 16 hours of volunteer work to SMPW wherever SMPW deems assistance is needed.

In order to be considered for this assistance program, you must submit the prior year's tax return, 1 month of pay stubs, and a hardship letter, explaining why you are in need of assistance. All of your information will be kept confidential and only the Elected Board Members will review your information. Under no circumstance will the entire board, head coaches, or any other person within SMPW have any access to this information. The Elected Board Members consist of the President, 1st Vice President, 2nd Vice President, Secretary, & Treasurer.

SMPW Use Only Below

Approved: _____ **Denied:** _____
Date Date

Instructions: _____

Approved By: _____
Print _____
Title: _____