



Cap City Athletic 1847 Financial Assistance Application

All applications (regardless of season or age group) must be submitted by July 1. Incomplete applications will NOT be processed or considered.

All information must be completed in order to be considered for assistance from Cap City Athletic 1847. Assistance requests will not be considered if there is an outstanding balance on the family's account. Please be aware that families receiving financial assistance will be asked to assist Cap City through 2 or more projects, events, or community service opportunities.

Player Information (submit one form for each player):

Player Name _____

Home Address _____

City _____ Zip _____ Phone _____

Email Address _____

Age Group _____ Boys or Girls _____

Father's Name _____

Mother's Name _____

Marital status _____ Total Number of Dependents: _____ Adults _____ Children _____

Itemized Yearly Income:

Parent 1 Annual Salary: \$ _____

Parent 2 Annual Salary: \$ _____

Alimony: \$ _____

Child Support: \$ _____

Other Income: (Social Security Income, Food Stamps, Unemployment, Disability, Pension): \$ _____

Total Gross Income: \$ _____

Amount of Assistance Requested: \$ _____

Cap City Player Fees: Juniors: \$500 U9: \$850 U10: \$1150 U11-U12: \$1850 U13-U14: \$2150 U15-U19: \$1550

You MUST provide the following documents with your application:

- Federal tax return
- One other form of documentation of income such as last 2 consecutive pay stubs for each wage earner, Social Security Annual Benefits Statement or Unemployment Benefits Statement
- If you receive child support, food stamps, Department of Social Services financial assistance or other assistance, please provide documentation of this assistance as well.
- Please list any special circumstances that may contribute to your request for financial assistance on separate sheet and attach to this form.

Signature _____ Date: _____