

# HOWELL TOWNSHIP POLICE ATHLETIC LEAGUE

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www.howellpal.org



## School Scholarship Application

1. You must first contact Monmouth County Child Care Resources (732-918-9901, ext. 3) to determine if you pre-qualify for financial assistance from their organization. Provide information below regarding phone call.

*Date of phone call:*

*Outcome of phone call:*

2. Please fill in each line below by printing clearly. Incomplete information will not be processed.

Parents / Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Date of Birth: (month)\_\_\_\_ (year): \_\_\_\_\_

Program Name: \_\_\_\_\_ Days per Week Attending: \_\_\_\_\_

**Submit following information to the main PAL Office:**

3. Completed copy of last year's **Federal and State Income Tax Returns** for **ALL** household members. *Tax returns must include the signatures of the taxpayers, all applicable schedules and copies of W-2 Forms.*
4. Copies of the **2 most recent pay stubs** showing year-to-date amounts for each parent/guardian.
5. If applicable, copy(s) of all **other forms of income** including social security and unemployment.
6. If applicable, copy(s) of all **other forms of assistance** including Food Stamps, Free/Discounted Lunch Program and Other Government Assistance.
7. Provide in writing any **other unusual or extenuating circumstances** that Howell PAL should take into consideration when evaluating your School Care Scholarship Request.

I certify that all of the information being submitted is true and correct. I understand that the Police Athletic League of Howell Township may verify the information submitted.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

***\*\* Please note that scholarships are very limited. Failure to submit all applicable items above will delay the review of your School Care Scholarship Request.***