

FORT SMITH JUNIORS REDUCED FEE PROGRAM APPLICATION

DATE MAILED OR EMAILED: _____

PLAYER'S NAME: _____ DATE OF BIRTH: _____

AGE GROUP PLAYER WILL PARTICIPATE IN _____.

PARENT NAME(S): _____

ADDRESS: _____

CITY: _____ STATE & ZIP: _____

HOME TELEPHONE: _____ CELL PHONE: _____

EMAIL _____

GROSS INCOME AS STATED ON MOST RECENT INCOME TAX RETURN:

\$ _____ .00, (***a copy of income tax return must accompany this application***)

NUMBER OF FAMILY MEMBERS LIVING IN HOME: _____

NUMBER OF DEPENDENTS LIVING IN HOME: _____

By submitting this application, I acknowledge that I have read, understand and accept the program guidelines as set forth by the Fort Smith Juniors Volleyball Club (FSJ). I understand, I will be responsible for paying the portion of the player's fees which are not covered by this program. I agree to allow FSJ to keep this application and all support documents on file as may be required by regulations governing such programs. I understand these records will remain confidential and I agree that the FSJ Program Committee has the sole discretion, based on the applications received, to award the program funds on a need basis, which is limited to the available funds and number of applicants as set forth each year by the FSJ Board of Directors.

Parent Signature: _____ Date: _____

Application forms and tax return information to be returned to:

- (1) Email to treasurerfortsmithjuniors@gmail.com (Preferred)
- (2) Mail to FSJ, P.O. Box 10496 Fort Smith, AR 72917
- (3) Drop off at the building and placed in the purple box.

Note: Please don't give forms or support to coach or chaperone. Incomplete applications will not be processed (Form needs to be completed, signed and tax returns are required to be attached as support).