



Financial Assistance Application

Today's Date: _____

This application is not to be considered a guarantee of financial assistance. Please complete the information requested below and indicate with the letters "NA" when information requested does not apply to you. A P.O.W.E.R. of Play representative will contact you with any questions or additional information needed. **Scholarship recipients must provide their own transportation.** Please allow 4 weeks to process your request. You will be contacted if your application has been approved.

*****Your application must be accompanied with the following documents to be complete:**

1. Copy of past two pay stubs (most recent)
2. Copy of most recent report card
3. Copy of recommendation by 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	DOB	Age	Gender	Special Conditions

Parent/Guardian's Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone#: _____

Email Address: _____

2. Family Information: How many dependants (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):

____ Membership: Youth Family College

____ Program: After School All Day Summer Care Camp (Name & Date of Camp _____)

____ Other Program: _____

____ Proehlfic Park Team (please list team name and coach): _____

____ Other: _____

5. Employment Information: Please complete all information and submit copies of your two most recent pay stubs for all persons living in your household who are employed.

Name of parent/guardian of youth	Name of spouse or other adult if applicable
Employer's Name and Address	Employer's Name and Address
Phone#	Phone#

6. Monthly Income: What is the gross, monthly household income? _____

7. CHILD'S personal story: (to be completed by the CHILD applying for financial assistance)
 (Use back if necessary. A live interview will take place also if Board approves application)
 Why do you want to spend time at Proehlfic Park?

Tell us about your interest in sports and/or your sports background:

What do you hope to achieve at Proehlfic Park?

8. Community Service: 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 - December 2008).

9. Scholastics: Please attach a copy of your current or most recent report card

11. How will the applicant be transported to and from Proehlfic Park if awarded a scholarship?

10. Volunteer Opportunities: There are many ways to give back to the P.O.W.E.R. of Play Foundation. Volunteers are needed in fundraising, educational tutoring, concessions, coaching, and facility maintenance. Please note that volunteering is not required for assistance to be granted.

Check the areas where you or your child can contribute:

	Tutoring
	Clerical Assistance
	Coaching
	Facility Maintenance
	Concessions
	Fundraising/ Other

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

12. Statement of Verification: I verify that all 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 COMPLETED APPLICATION IN ITS ENTIRETY TO: P.O.W.E.R. OF PLAY FOUNDATION, PO BOX 38934, GREENSBORO, NC 27438 (336) 665-5233 OR FAX (336) 665-5235

Office Use Only		
Applied for	Length of Time	
Total Fee	Recipient's Responsibility	Scholarship Amount
Date Applied	Date Approved/Denied	Date Notified
Approved Staff Signature	Title	
Notes:		