| Boltz financial aid Application | | |
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| Boltz wrestling club feels strongly that financial aid should be made available to wrestlers and their families who lack the financial resources to pay registration fees. There are limited funds available, which will be awarded on the basis of need and commitment.  **THIS FORM MUST BE SUBMITTED AT THE TIME OF REGISTRATION AND MUST INCLUDE THE MOST RECENT TAX RETURN.**  **ALL FINANCIAL AID RECIPIENTS ARE REQUIRED TO PERFORM VOLUNTEER SERVICE AT THE BOLTZ WRESTLING TOURNAMENT**  A board member will contact you within 14 days of receipt of your application. Once you have been notified of the decision tax returns will be shredded or returned to you per your request. No copies will be kept on file, only the Financial Aid Application. | | |
| Wrestler Information | | |
| Name: | | |
| Date of birth: | Phone: | Cell #: |
| Current address: | | |
| City: | State: | ZIP Code: |
| PARENT/GUARDIAN Information | | |
| Father’s employer: | | How long? |
| Position: | Hourly Salary (Please circle) | Annual income: |
| Mother’s employer: | | How long? |
| Position: | Hourly Salary (Please circle) | Annual income: |
| Parents: Married Separated Divorced Widowed Single (Please Circle) | | |
| |  |  |  | | --- | --- | --- | | Number of adults in household: | Number of Children in household: | # of Boltz wrestlers: | | | |
| Financial aid request | | |
| Is your annual household income $35,000 or below?  If no, please explain why you are applying for Financial Aid in the space below. | | |
| Signatures | | |
| I authorize the verification of the information provided on this form. | | |
| Signature of applicant: | | Date: |
| Signature of spouse (IF APPLICABLE): | | Date: |

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| **Office Use Only** | | Date Received: |
| Amount approved for FA $ | Amount to be paid by wrestler $ | Decision Date: |