

**Rockville Football League (RFL)  
Middle School Football League (MSFL)  
Financial Aid Application**

**PLEASE PRINT**

Applicant's Name \_\_\_\_\_ Player's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Division and Team I wish to for \_\_\_\_\_

Email Address \_\_\_\_\_ **(Providing this allows us to notify you of the status of your application much more quickly.)**

**PLEASE SUBMIT COPIES OF THE DOCUMENTS LISTED BELOW.  
DO NOT SEND ORIGINALS - WE CANNOT RETURN ANY OF YOUR RECORDS.**

- Approval letter from Maryland Department of Human Resources/Montgomery County Department of Social Services showing you and/or your dependents are currently eligible for Temporary Cash Assistance (TCA), Food Stamps, and/or Medical Assistance. This letter indicates your period of eligibility and the names of the household members receiving benefits. **(We do not accept Medicaid cards, Maryland Children's Health Program (MCHP) - Premium, or Independence cards).**
- Current Care for Kids identification card(s).
- Supplemental Security Income - This document must be dated within a year of your application. **(We do not accept Social Security Income or SSDI.)**
- I do not qualify for aid under any of the above programs. I would like to participate in the Sponsor Matching Program. My Sponsor, Sponsor Amount and reason for financial assistance is as follows:

Sponsor's Name, Address and Email: \_\_\_\_\_

Sponsor's Contribution to be matched by the RFL/MSFL: \_\_\_\_\_

Reason I am applying for financial aid: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Print Parent or Guardians Name \_\_\_\_\_

Date: \_\_\_\_\_