



Marshfield Area Youth Football

PO Box 301 - Marshfield, WI 54449
www.mayftigers.com

Financial Aid Application

Full Name _____

Address _____

City _____

State _____

Zip _____

Home Number _____

Work Number _____

Email _____

List all dependents (including yourself)

<u>Name</u>	<u>Relation</u>

List all sources of Income (Employment, Interest, SSI, Child Support, etc)

<u>Source</u>	<u>Annual Amount</u>
	\$
	\$
	\$
	\$
	\$

*** Please include a photo copy of your most recent Tax returns ***

By my signature, I certify that all information I have given is true to the best of my knowledge.

Applicant signature: _____

Date: _____