

Lawrence Hamnett Soccer Association

PROGRAM FINANCIAL ASSISTANCE APPLICATION

Dear Applicant:

Please complete and return this application along with a copy of the most **Recent** filed Federal Income Tax Report including all documentation. **Incomplete applications or those submitted without all required documentation will not be processed.** Submit completed application with the necessary income records and the attached registration form to the address shown below. Allow 5 business days for processing. You will be notified of the status of financial assistance for the requested program(s) within 5 business days.

Applicant Information

Name _____

Address _____

Telephone (Day) _____ (Evening) _____

Gross Income: **[most recent tax return]** _____

Household Size _____

Child's Name(s) _____

*** ATTACH COPY of your most recent INCOME TAX REPORT, AND YOUR W-2 STATEMENT with any other verification of income. Application will not and cannot be processed without income verification information.**

Please add any additional information and documentation that will be helpful in arriving at a determination.

Name

_____ Date _____

Signature

Return to: Lawrence Hamnett SA
PO Box 6844
Lawrenceville NJ 08648

ALL INFORMATION WILL REMAIN CONFIDENTIAL.