

WESTERN UNITED EXTREME
Application for Financial Aid

Please fill out all requested information on the Application completely and return the form to Amy Whyko-Davis, Treasurer of Western United Extreme, 30 Cannonball Drive Danbury CT 06810.

Decisions will be made before the start of the 10/11 season.

Date of Application _____ Age Group _____

Player's Name _____

Last First

Home Address _____

Street

City State Zip Code

Home Phone # _____ Date of Birth _____

E-mail _____

Player resides with (check one) _____ Both Parents _____ Father _____ Mother _____ Guardian

Father/Guardian's Name _____

Last First

Home Address (If different than above) _____

Home Phone # _____ Social Security # _____

Employer _____ Employer's Phone # _____

Employer's Address _____

Street and/or P.O. Box City State Zip Code

Mother/Guardian's Name _____

Last First

Home Address (If different than above) _____

Home Phone # _____ Social Security # _____

Employer _____ Employer's Phone # _____

Employer's Address _____

Street and/or P.O. Box City State Zip Code

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FINANCIAL INFORMATION:

Total Family Annual Income (current year) \$ _____

Other Income (child support, alimony, SS, rental, etc.) \$ _____

Fair Market Value of Family Home \$ _____

Mortgage Balance on Family Home \$ _____

Total Family Assets (401K, cars, stocks, bonds & real estate, etc.) \$ _____

Total Family Debts (mortgages, personal loans, car, leases, etc.) \$ _____

Other monthly payments (college tuition, medical, club dues, etc.) \$ _____

FINANCIAL AID REQUESTED:

Amount Applicant Can Pay. WUE expects some player contribution. \$ _____

Amount Requested \$ _____

Note: A SIGNED copy of yours or both parents (if divorced/separated) filed Federal Tax Return AND a copy of your W2 form for the CURRENT year must accompany this Application for Financial Aid. Applications will be returned if they are received without your Federal Tax Return and W2.

Note: Financial Aid does not include cost of uniforms, any extra training expense or any type of travel expense.

Please use the space below for additional comments or explanations to support your request for Financial Aid.

I/We declare that the information reported on this form, to the best of our knowledge and belief is true, correct and complete.

Signature of Parent/Guardian Date Signature of Parent/Guardian Date