



## Application for Funding

**MVP-SOS is dedicated to helping those that do not have the financial ability to participate in extra-curricular activities, sports or classes. All application information is confidential. Please allow 30 days to review.**

Date \_\_\_\_\_

Name and Age of Individual Applicant: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Schedule of Program in months: \_\_\_\_\_

Total Amount of Registration Cost: \$\_\_\_\_\_

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

Name of Organization Voucher should be made payable to:

\_\_\_\_\_

Special financial circumstances:

\_\_\_\_\_

\_\_\_\_\_

**To be considered for funding the first 2 pages of the parents/guardians most recent tax return (and Schedule C if applicable) must be submitted with this application. Please black out all social security numbers.**

Mail application with financial information to:  
MVP-SOS • PO Box 1146 • New Milford, CT 06776  
Please see our website [www.mvpsos.org](http://www.mvpsos.org) for more information.