

PANTHER CITY YOUTH RUGBY
Application for Financial Assistance

By applying for financial assistance from Panther City Youth Rugby, you agree to cooperate in our efforts to offset the assistance provided you. And, if Panther City Youth Rugby successfully obtains funding from other sources it may not increase the assistance provided to you / your child.

Type of Assistance Requested (check all that apply)

- () Work-Exchange Option. Credit is applied to your account *as services are provided*. Credit should be accrued before payment is due.
- () Fee Subsidization Option. *All subsidization is partial and based on financial need. Additional aid is available via Work-Exchange and club fundraising.*

CUSTODIAL PARENT / LEGAL GUARDIAN INFORMATION

Name _____
Address _____
City _____ ZIP _____
Phone _____
Email _____
Employer _____
Employer Phone _____
If unemployed, source of income _____

Name _____
Address _____
City _____ ZIP _____
Phone _____
Email _____
Employer _____
Employer Phone _____
If unemployed, source of income _____

REFERENCES. Provide three non-family individuals that can attest to parent/guardian character and reliability.

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

IF SEEKING SUBSIDIZATION

Number of persons living in the home (9-12 months a year) _____
Number of children in the home _____ Number of persons playing for PCYR _____
Total household income last year _____ Total household income last month _____
Have either of the above or another family member volunteered to help the Club in the past?
() Yes, () No If yes, in what capacity? _____

Special circumstances the PCYR Executive Board should be aware of that pertains to your request for financial assistance (recent hardship, lost job, etc). Please explain briefly:

PARTICIPANT(S) INFORMATION

Name _____

Name _____

Date of Birth ____/____/____ Age ____ Sex () Male () Female

Date of Birth ____/____/____ Age ____ Sex () Male () Female

Grade _____ School _____

Grade _____ School _____

School District _____ ISD

School District _____ ISD

Name _____

Name _____

Date of Birth ____/____/____ Age ____ Sex () Male () Female

Date of Birth ____/____/____ Age ____ Sex () Male () Female

Grade _____ School _____

Grade _____ School _____

School District _____ ISD

School District _____ ISD

The above named participant(s) seeks to participate in which program?

() Metro-Program (Academy/Recreational) () Scholastic/School-based () Select-side Program (Regional/National Travel)

Did any of the above participate in a Club program last competitive year? () Yes () No

Has the above named participant(s) ever received financial assistance from Panther City Youth Rugby? () Yes, () No

Did the above participant(s) receive Federal School free or reduced lunch program this school year? () Yes, () No

Agreement

I hereby certify that all of the above information is true and correct. I understand that false statements on this application shall be considered sufficient cause for disqualification from funding assistance. I understand that this information is being provided as a method to assist Panther City Youth Rugby in determining the type and level of financial assistance that may be awarded toward player fees during the current competitive year (school year).

I understand that monies provided through this application process will be used to pay fees and expenses as prioritized by Panther City Youth Rugby and that all costs not covered remain my responsibility.

I authorize the Executive Committee and pertinent representatives of Panther City Youth Rugby to discuss this application and my individual and/or household information as it may relate to my application for financial assistance in an effort to make a determination of what financial assistance may be granted and/or track payments against established payment options.

I understand that I will be contacted as soon as possible of my acceptance or denial for assistance and what options are available to me. I understand that, if approved, post-dated checks for monthly payments are due to the club no later than 14 days upon written notice of approval. I understand that failure to complete my financial and service commitments may result in me being required to pay back the financial aid provided, and being denied future financial assistance.

I understand my financial commitment to Panther City Youth Rugby remains regardless of my child's/children's continuing status with the club. Furthermore, I understand failure to maintain my financial, or otherwise arranged, obligation to the Club may result my child's/children's loss of amateur status which will disqualify them from participation in UIL, NCAA, NAIA, UAA and other amateur sports organizations.

I understand that I may be required to provide supporting documentation, such as payroll stubs, tax returns, and public assistance documentation for my application to be considered.

Signature _____ Date _____

Name _____ Relation to Participant(s) _____

Please return the completed form and supporting documents in a sealed envelope to: Panther City Youth Rugby Assistance Program
PO Box 470066
Fort Worth, Texas 76147