



Full Potential Youth Sports Initiative  
Program Application  
Confidential

Date \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St: \_\_\_\_\_ Zip \_\_\_\_\_

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

Parent Name: \_\_\_\_\_ Parent Address \_\_\_\_\_

Gross Family Monthly Income \$ \_\_\_\_\_ Child qualifies for free/reduced school lunch yes \_\_\_ no \_\_\_

Reason for Application: Referral \_\_\_ Financial Need \_\_\_ Other(explain) \_\_\_\_\_

Referred by (if applicable): \_\_\_\_\_

Requesting assistance with (check one) fees \_\_\_\_\_ equipment \_\_\_\_\_ both \_\_\_\_\_

Amount requested for fees (if applicable) \_\_\_\_\_ Sport the applicant is signing up for \_\_\_\_\_

Will the applicant participate in this sport regardless of financial assistance? Yes \_\_\_ No \_\_\_

Does the applicant participate in other sports or extracurricular activities? Yes \_\_\_ No \_\_\_

**The information I have provided on this form is correct and I agree to provide additional documentation to verify financial need if requested.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to: The Alliance of SWMO, Attn: Lisa Bushnell, 1027 S. Main Street, Joplin MO 64801 PH: 417-782-9899

**Fax: 417-782-4337 or email to lbushnell@theallianceofswmo.org**

**Office use only:** \_\_\_\_\_

Approved for fees \_\_\_\_\_ equipment \_\_\_\_\_ both \_\_\_\_\_ Amount approved for fees \_\_\_\_\_

Date approved: \_\_\_\_\_ Notification Made: \_\_\_\_\_ by: \_\_\_\_\_

Equipment  
issued: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_