



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 SW MO, Attn: Lisa Bushnell, 1601 S. Wall Ave, Joplin Mo. 64804 PH: 417-782-9899

Fax: 417-782-4337

Office use only: _____

Approved for fees _____ equipment _____ both _____ Amount approved for fees _____

Date approved: _____ Notification Made: _____ by: _____

Equipment

issued: _____

