

# JENKS TROJAN ATHLETICS

## Financial Assistance Program

The Jenks Trojan Athletics (JTA) seeks to assist members who have financial limitations. Financial assistance is available for a limited number of members who qualify from sponsoring organizations/individuals. The amount of financial assistance awarded to any one member is limited in order to serve the greatest number of applicants within the resources available.

*All information obtained on the Financial Assistance Program application will remain confidential and be accessible only to members of JTA Financial Assistance Committee. Under no circumstances, will anyone else have access to individual identifying information concerning applicants.*

**ALL APPLICANTS ARE TO PAY FOR THEIR OWN FOOTBALL OR CHEER UNIFORM. A COPY OF THE PAID RECEIPT IS REQUIRED BEFORE APPLICATION WILL BE REVIEWED. NO EXCEPTIONS WILL BE MADE.**

**THE SCHOLARSHIP ONLY COVERS INFC AND JTA FEES. IT DOES NOT COVER UNIFORMS, HELMETS, GEAR, CAMPWEAR or SHOES.**

**COMPLETE APPLICATION, UNIFORM RECEIPT, AND CURRENT YEAR TAX RETURN OR GOVERNMENT AID FORM IS REQUIRED BEFORE APPLICATION WILL BE REVIEWED. PACKET MUST BE TURNED IN TOGETHER NO LATER THAN CURRENT YEAR REGISTRATION DEADLINE.**

Any missing or incomplete information will prohibit the application from being reviewed by the committee. All documents, forms and application must be turned in together. It is best to turn in as soon as possible and not wait until the registration cut-off date.

## Eligibility

- A. Applicants must reside within the boundaries of the Jenks Public Schools or meet the criteria set forth in the JTA By-Laws Membership.
- B. Assistance will be granted on the basis of financial need through the application process. All fees and assistance are kept confidential, as they are specific to individual circumstances.
- C. Assistance will be granted on the basis that the annual household income is less than \$28,000.00. Current year tax returns or government form with proof of income required for application. Both parents required, if filed separately.
- D. Financial assistance will be reviewed for eligibility annually or as deemed necessary.

## PERSONAL INFORMATION

Name (first, middle, last)

\_\_\_\_\_

Social security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Employer address \_\_\_\_\_

Marital status (check one)

\_\_\_\_ (married) \_\_\_\_ (separated) \_\_\_\_ (divorced) \_\_\_\_ (single) \_\_\_\_ (other) 3

Partners name \_\_\_\_\_

Social security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street address \_\_\_\_\_ city \_\_\_\_\_ zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

### Dependents in Household

Name \_\_\_\_\_ Male/Female \_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Male/Female \_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Male/Female \_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Male/Female \_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Male/Female \_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Male/Female \_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Male/Female \_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Male/Female \_\_\_\_ Grade \_\_\_\_\_

# **FINANCIAL INFORMATION**

## **EXPENSES**

Rent/Mortgage	\$ _____
Utilities (Electric/Water/Gas/Sewer - NO cable)	\$ _____
Telephone (NO CELL PHONE)	\$ _____
Automobile Payment	\$ _____
Automobile Insurance	\$ _____
Transportation cost (fuel/maintenance)	\$ _____
Insurance (Life/health)	\$ _____
Tuition or college loans	\$ _____
Credit card/loans (please list on back)	\$ _____
Child/Spousal Support	\$ _____
Other _____	\$ _____
Total	\$ _____

## **INCOME**

Total Household Gross Income (before taxes)	\$ _____
Investment Income	\$ _____
Unemployment	\$ _____
Child/Spousal Support	\$ _____
Disability/Workman's Comp	\$ _____
Social Security	\$ _____
Pensions, Etc.	\$ _____
Food Stamps	\$ _____
Total	\$ _____

**Please list and or document any special circumstances that contribute to your request for financial assistance (i.e., family illness/death, unemployment, etc.) Use additional sheets if necessary.**

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**I declare that all the information contained in this application is true and correct, to the best of my knowledge and belief. If requested to do so, I can and will provide proof of all facts including current income. I have provided all required income documentation.**

**Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_**

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**FOR OFFICE USE ONLY**

**Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_**

**Approved for \$ \_\_\_\_\_ Balance due \$ \_\_\_\_\_**

**Additional information needed**

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**Approved by Sponsor \_\_\_\_\_**

**Approved by Board Member \_\_\_\_\_**