



Southern Little League Financial Aid Fund Application

CONFIDENTIAL DATA – MUST BE COMPLETED IN FULL
Please print clearly

Player Name _____
Parent/Guardian Name _____
Player's Birth Date _____
Address _____
City/State/Zip _____
Phone (H) _____ (M) _____

Have you been granted financial aid from any organization before? _____

Family Adjusted Gross Income (AGI) (as reported to IRS)		
<input type="checkbox"/> Less than \$20,000	<input type="checkbox"/> \$20,200 - \$29,000	<input type="checkbox"/> \$30,000 - \$39,000
<input type="checkbox"/> \$40,000 - \$49,000	<input type="checkbox"/> \$50,000 - \$59,000	<input type="checkbox"/> \$60,000 - \$69,000
<input type="checkbox"/> \$70,000 - \$79,000	<input type="checkbox"/> \$80,000 - 89,000	<input type="checkbox"/> More than \$90,000

Occupation/Father _____	Currently employed? _____
Occupation/Mother _____	Currently employed? _____
Occupation/Guardian _____	Currently employed? _____
How many family members does this income support? _____	
Ages of other siblings _____	

If Financial Assistance is granted would you be available to work at the fields? _____
If Yes , what days of the week would you be available? _____
What time of day? _____