



SVAA FINANCIAL ASSISTANCE POLICY

The amount of assistance applicants qualify for is determined by a sliding fee scale which is reviewed annually and set to provide maximum assistance to individuals and families where there is the greatest need. The amount of financial assistance provided for on the scale is determined both by need and by the ability of SVAA to fund it.

- Please fill out completely and accurately and include \$35.
- You must attach a copy of your most current income tax return (1040 form) or last two paystubs. Your application cannot be processed without one of these documents. If you do have either of these documents, please call for appropriate alternate documentation. **Note: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service at 1.800.829.1040.**

HEAD OF HOUSEHOLD	PLAYER INFORMATION
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY _____ ZIP _____	CITY _____ ZIP _____
PHONE _____ - _____ - _____	PHONE _____ - _____ - _____
EMAIL _____	BIRTHDATE _____
BIRTHDATE _____	SCHOOL _____

Sport Applying for:

___Football ___Baseball ___Softball ___Basketball ___Volleyball

List OTHER children living in the home:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

GROSS INCOME	APPLICANT	HOW OFTEN	OTHER ADULTS	HOW OFTEN
EMPLOYMENT/WAGES	\$		\$	
CHILD SUPPORT	\$		\$	
ALIMONY	\$		\$	
UNEMPLOYMENT	\$		\$	
FOOD STAMPS	\$		\$	
SSA/ SSI	\$		\$	
PARENTAL SUPPORT	\$		\$	
HOUSING SUBSIDY	\$		\$	
WORKER'S COMP	\$		\$	
OTHER	\$		\$	

Financial assistance for all will be based on a sliding fee scale unless there are exceptional circumstances such as high medical bill, recent unemployment, etc. Please identify any exceptional circumstances that you want us to be aware of. Copies of any excessive bills, unemployment benefits, etc. must be attached.

I hereby state that the information provided is true and accurate to the best of my knowledge. I understand that SVAA may hold me responsible for the total cost of the program should the information be incorrect or inaccurate.

Signature of Applicant

Date

Mail this application and all documents to:

SVAA
13650 T.I. Blvd., #207
Dallas, TX 75243

<p>For Office Use Only: Approved by: _____ Date: _____</p>
