



**SAN MARCOS POP WARNER
FINANCIAL ASSISTANCE PROGRAM (FAP)
REQUEST FORM**

Participant Name:			
Parent / Guardian Name:			
Address:			
Phone:		Email:	
REQUIRED:			
All below items must be completed and turned in by 30 th of June to be considered:			
	<input type="checkbox"/> 50% Payment of Registration Fees		
	<input type="checkbox"/> All Registration Paperwork		
The following FAP must be submitted paperwork:			
	<input type="checkbox"/> Prior Year Taxes		
	<input type="checkbox"/> Hardship Letter		
	<input type="checkbox"/> 1 Month's Pay Stub		
	<input type="checkbox"/> Sponsor(s):		
	<small>(Enter Sponsor(s) other than San Marcos Pop Warner)</small>		

Please Read Carefully

San Marcos Pop Warner encourages all children in the community of San Marcos to become involved in San Marcos Pop Warner as a Football Player or Cheerleader, and we can assist those who need assistance. Should your request for assistance be granted, you will be required to pay 50% of the registration fee or find a sponsor who will cover the remaining fees.

You will also be required to perform volunteer duties for San Marcos Pop Warner wherever San Marcos Pop Warner deems volunteer assistance is needed.

To be considered for this financial assistance program, you must submit your prior year's tax return, 1 month of pay stubs, and a hardship letter (A summary explaining the need for financial assistance).

All submitted personal information will be kept confidential and only the Elected Board Members will review your information. Under no circumstance will the entire board, head coaches, or any other person within San Marcos Pop Warner have any access to this information. The Elected Board Members consist of the President, 1st Vice President, 2nd Vice President, Secretary, & Treasurer.

FOR SAN MARCOS POP WARNER USE ONLY			
<input type="checkbox"/> APPROVED	Date:	<input type="checkbox"/> DENIED	Date:
Approved By:		Date:	
Print Name		Title:	