

# Lawrence Hamnett Soccer Association

## PROGRAM FINANCIAL ASSISTANCE APPLICATION

Dear Applicant:

Please complete and return this application along with a copy of the most **Recent** filed Federal Income Tax Report including all documentation. **Incomplete applications or those submitted without all required documentation will not be processed.** Submit completed application with the necessary income records and the attached registration form to the address shown below. Allow 5 business days for processing. You will be notified of the status of financial assistance for the requested program(s) within 5 business days.

### Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Gross Income: **[most recent tax return]** \_\_\_\_\_

Household Size \_\_\_\_\_

Child's Name(s) \_\_\_\_\_

Please select the program your child is participating in      Travel      Recreation      Both Travel/Recreation

**\* ATTACH COPY of your most recent INCOME TAX REPORT, AND YOUR W-2 STATEMENT with any other verification of income. Application will not and cannot be processed without income verification information.**

Please add any additional information and documentation that will be helpful in arriving at a determination.

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Name

\_\_\_\_\_

Date \_\_\_\_\_

*Signature*

Return to:      Lawrence Hamnett SA  
                    PO Box 6844  
                    Lawrenceville NJ 08648

**ALL INFORMATION WILL REMAIN CONFIDENTIAL.**

**This form and all income verification information must be sent in by October 15, 2021 to be consider for Financial Assistance for the current season.**