

Inside Sports Scholarship Application

Application for Reduced Fees Program

Section A. Please complete for each member of your household (if there are more than 6 members please include additional information.)

Last Name	First Name	Age	Financial Aid Requested
1.			
2.			
3.			
4.			
5.			
6.			

Section B. Please complete for each member of your household.

Full Name	Gross Earnings from work (before deductions) Included all jobs	Pension, Retirement, Social Security	Welfare benefits, Child support, Alimony payments	Other Monthly Income
1.				
2.				
3.				
4.				
5.				
6.				

Decisions for granting scholarships will be guided by the Federal Poverty Level. Households must fall within 200% of the Federal Poverty Level of any given year. For the year 2014/15 applicants must must have a monthly income less or equal to the following:

2 People: \$17,240 3 People: \$21,720 4 People: \$26,200

Section C. All Households Read and Complete this Section.

Signature of Adult Household member completing the form		Telephone Number	Date
Print Name of Adult Signing Form		Social Security Number	
Address			
City		State	Zip Code

I certify that the above information is true and correct and that all income is reported. I understand that this information is given for the receipt of funds towards participation in *Inside Sports'* activities. Confidentiality & Dignity Clause - Family size, household income, and Social Security number information will remain confidential and will not be shared for any purpose. Information you provide will determine you or your child(ren)s eligibility to receive reduced fees. People who receive reduced fees must be treated in the same manner as those who pay full price for their participation in *Inside Sports'* activities.