



**PAGNOZZI PARKER CHARITIES
YOUTH SPORTS ASSISTANCE PROGRAM**

100 E. Poplar Street, Suite A
Fayetteville, AR 72703
office: 479-443-2550 fax: 479-587-9142
www.pagnozziparker.org
assistance@pagnozziparker.org

ALL INFORMATION MUST BE PROVIDED AND PROOF OF INCOME MUST BE SENT IN FOR THE APPLICATION TO BE CONSIDERED COMPLETE

Part 1. Applicant Information- REQUIRED Must be K-8th Grade Only

Child's Name: M F Date of Birth: _____ Grade: _____

Sport: _____ Organization: _____

Part 2. Additional Information- REQUIRED

The following information is **REQUIRED** to complete the application for processing and must be submitted **at least 2 weeks prior to the sport organization's early registration deadline to allow time for processing.**

- * Proof of all household income for the past 30 days OR copy of food stamp verification letter
 - * Copy of completed sports registration (turn original in as directed on registration form)
 - * League information and contact person (if registration is not available).
- COMPLETED** Applications can be submitted by mail, email, fax or brought by our office.

Part 3. List ALL Household Members/Income from Last Month- REQUIRED

Receive Food Stamps <input type="checkbox"/> CHECK IF YES			*Must be able to show foodstamp verification letter				
(List EVERYONE in household)			Gross Income /	Welfare, child support	Pensions, retirement	Other	Check if
First	Last	Age	How often received	alimony	Social Security		no income
Jane Doe	(Example)	30	\$300/ bi-monthly (Ex)	\$150/weekly (Ex)	\$600/monthly (Ex)		<input type="checkbox"/>
			\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
			\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
			\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
			\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
			\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
			\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
			\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
			\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

Part 4. Signature and Personal Information (Adult must Sign)

I certify (promise) all of the information on this application is true and that all income is reported. I understand that Pagnozzi Parker Charities officials reserve the right to request more information and verify (check) the information. I also understand that Pagnozzi Parker Charities is not responsible for injury or loss of property while participating in above scholarship activity. I do, hereby release Pagnozzi Parker Charities, it's employees, sponsors & Board of Directors from any liability for any accident or injury.

Signature _____ Today's Date _____
 Home Phone # _____ Work Phone # _____ Message Phone # _____
 Street or Rural Address: _____ City: _____
 State: _____ Zip: _____ E-Mail Address _____

Part 5. Demographic Information

Name of School _____ County of Residence _____

Part 6. Child's racial and ethnic identities (optional)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> African-American | <input type="checkbox"/> Native American | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Asian | <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> Other Pacific Islander |