

CWFC Application for Scholarship (Confidential)

Player's Name _____ Coach's Name _____

Parent/Guardian's Name _____

Address _____

Phone #'s _____

Dependent's Name	Date of Birth	School Child Attends
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of family members residing at residence: _____

Income Resources of Family (Report total annual income for each item listed below.) You must attach a copy of the following with your application:

Source	Amount	Verification (ATTACH COPY)
a. Money, Wages or Salary	\$ _____	<i>Current Check Stub</i>
b. Social Security	\$ _____	<i>Current Check Stub</i>
c. Public Assistance/Welfare	\$ _____	<i>Notice of Action from Dept of Social Serv.</i>
d. Unemployment/Disability	\$ _____	<i>Current Check Stub</i>
e. Alimony	\$ _____	<i>Current Check Stub or Court Decree</i>
f. Child Support	\$ _____	<i>Current Check Stub or Court Decree</i>
g. Other Income	\$ _____	

**GROSS ANNUAL
INCOME/TOTAL \$ _____**

I affirm to the best of my knowledge and belief that the above statements are true.

Signature	Relationship to Child	Date
-----------	-----------------------	------

What volunteer position would you like to accept?

For Office Use Only:

Amount Rewarded: _____ Date: _____ Reviewed By: _____