



**Rockford Razorbacks
Financial Assistance Application**

Applicant Information

Parent / Guardian 1: _____

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

Email Address: _____

Address, City, State, Zip: _____

Parent / Guardian 2: _____

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

Email Address: _____

Address, City, State, Zip: _____

Player lives with: Mother and Father ___ **Mother** ___ **Father** ___ **Guardian** ___

Grandparent ___ **Other (please specify)** _____

Assistance is being requested for the following child / children.

Player Name: _____ **Grade:** _____

Player Name: _____ **Grade:** _____

Player Name: _____ **Grade:** _____

Player Name: _____ **Grade:** _____

Tax Reporting Filing Status: **Married** ___ **Married Filing Separately** ___ **Single** ___

Head of Household ___ **Widow** ___

Size of household: Number of adults living in household: _____

Number of children living in household: _____



I hereby certify that the information submitted on this form is true and correct, and I understand that the Razorbacks Lacrosse Club may verify the information on this application or ask for additional information. Providing false information will result in the denial of financial assistance.

Applicant(s) Signature: _____

Signature: _____

Please return signed application and most recent IRS federal income tax return 1040 or 1040A, including supporting tax schedules (if applicable). First (2) pages only. Please black out social security information. All information will be kept confidential and only viewed by (3) members of the Rockford Razorback Board of Directors.

Send to:

Robert White: Rockford Razorbacks Lacrosse Club
1708 Oxford Street, Rockford IL 61103
Or email: RockfordLax.net@gmail.com