



APPLICATION FOR FINANCIAL ASSISTANCE

Please read Guidelines for Providing Financial Assistance before applying. Upon submission of this application form, we'll follow up with an email **requiring proof of income and cost of sport participation.**

APPLICANT INFO

Child or Participant's Name

First Name

Last Name

Parent/Guardian's Name

First Name

Last Name

Parent/Guardian's Email Address

Email

Address

Address

City

State/Province

Zip/Postal Code

Country

Phone Number

(###) ### ####

Please Provide Your Annual Household Income

Annual Income

Number of persons living in your household

#





**APPLY. PARTNER.
DONATE.**
LINDYINFANTEFOUNDATION.ORG

ATHLETIC INFO

I'm applying to receive assistance in (which sport)

- Soccer
 Football
 Soccer
 Baseball
 Basketball
 Lacrosse
 Cheer
 Drill Team
 Other _____

Name of Coach

Coach, athlete director, school counselor, teacher, etc.

Coach's Phone Number

(###) ### ####

What is your team name?

Team Name

In what league do you play?

League Name

What is total cost being requested for the sport?

Total Cost

If approved, to which organization does The Lindy Infante Foundation write a check?

Name of school, travel team, etc.

What is organization's address?

Address

City

State / Province

Postal / Zip Code

FINALIZE APPLICATION

To qualify, provide the following documents:

Proof of income, including all of the following:

- » Form 1040 Federal Tax Form
- » Certification of eligibility for free or reduced school lunch program

Proof of costs associated with participation, including any of the following:

- » Registration form showing sign-up fees
- » Website or contact information for youth sports organization

Signature

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of person completing this form

Date

