



NMCYSA

Financial Assistance Application

| | | | |
|-------------------------------|--|--------------------|-----------|
| _____ | | _____ | |
| Parent of Guardian First Name | | Last Name | |
| _____ | | _____ | _____ |
| Players Name | | Age | Age Group |
| _____ | | _____ | _____ |
| Address | | City | Zip Code |
| _____ | | _____ | |
| Home Phone | | Work or Cell Phone | |

Reason for financial assistance request:

I acknowledge that the information continued on this application is accurate and correct. I hereby give permission to NMCYSA to verify this information. I understand that if any information on this application is found to be incorrect, my privilege of applying for financial assistance may be revoked. I understand that some hours of volunteer time will be required in exchange for the waived fee. **Total hours** expected to work will be **6** hours during the Softball season. Hours can be worked by anyone over the age of 16. Parents, Grandparents, aunts, uncles, older siblings will all be permitted to work the required hours.

| | |
|------------------------|-------|
| _____ | _____ |
| Signature of Applicant | Date |

Office use only: Approved: _____ Denied: _____

President Approval: _____ Date: _____