

Lawrence Hamnett Soccer Association

PROGRAM FINANCIAL ASSISTANCE APPLICATION

Dear Applicant:

Please complete and return this application along with a copy of the most **Recent** filed Federal Income Tax Report including all documentation. **Incomplete applications or those submitted without all required documentation will not be processed.** Submit completed application with the necessary income records and the attached registration form to the address shown below. Allow 5 business days for processing. You will be notified of the status of financial assistance for the requested program(s) within 5 business days.

Applicant Information

Name _____

Address _____

Telephone (Day) _____ (Evening) _____

Gross Income: **[most recent tax return]** _____

Household Size _____

Child's Name(s) _____

Please select the program your child is participating in Travel Recreation Both Travel/Recreation

*** ATTACH COPY of your most recent INCOME TAX REPORT, AND YOUR W-2 STATEMENT with any other verification of income. Application will not and cannot be processed without income verification information.**

Please add any additional information and documentation that will be helpful in arriving at a determination.

Name

_____ Date _____

Signature

Return to: Lawrence Hamnett SA
 PO Box 6844
 Lawrenceville NJ 08648

ALL INFORMATION WILL REMAIN CONFIDENTIAL.

This form and all income verification information must be sent in by October 18, 2022 to be consider for Financial Assistance for the Fall 2022/Spring 2023 Season.