



# HotShots Youth Sports Financial Assistance Application

Please send the completed form along with all required documents to:

HotShots Youth Sports  
PO Box 87279  
Vancouver WA 98687

This information will be kept strictly confidential

Assistance reduces the program fee by over 60%

Which HotShots session is this assistance for? <small>Attach application to registration form</small>		Date of Application	
Applicant Name		Child's Name	
Home Address		City	State
			Zip Code
Home Phone	Work Phone	Employer	
Employer Address		Supervisor	
How Long <small>Years      Months</small>	Gross Monthly Income	Spouse Income (if applicable)	

Please list all members of your household - and include proof of dependents (i.e. your last tax return)

Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____

### Application Review

Please list all assistance you currently receive.  
Attach a *photocopy* of all supporting documents.

Food Stamps	\$ _____
SSD	\$ _____
SSI	\$ _____
Child Support	\$ _____
Other	\$ _____

1. Complete all sections of this application form.
2. Attach copy of your most recent paystub.
3. Attach proof of dependants.
4. Attach copies of documents showing eligibility for state assistance.
5. Read the statement and sign below.
6. Mail to HotShots along with registration and concussion forms and a check or money order for \$39 per registration. This form is valid for one session only.

The information provided above is correct and true. I give HotShots Youth Sports permission to verify any and all information provided above, for the purpose of discerning eligibility for assistance. I understand that approval is for the current session only.

**X** \_\_\_\_\_ **Date** \_\_\_\_\_