

**PAGNOZZI CHARITIES YOUTH SPORTS
ASSISTANCE PROGRAM**



100 E. Poplar St., Suite A
Fayetteville, AR 72703
479-443-2550
fax: 479-587-9142
www.pagnozzicharities.org
assistance@pagnozzicharities.org

Part 1. Applicant Information- REQUIRED Must be K-8th Grade Only

Child's Name: M F Age: _____ Grade: _____
Sport: _____ Organization: _____

Part 2. Additional Information- REQUIRED

The following information is **REQUIRED** to complete the application for processing and must be submitted, at least 2 weeks prior to registration deadline to allow time for processing. * Proof of all household income for the previous month or foodstamp verification dated within the last 30 days * Copy of completed sports registration (turn original in as directed on registration form) * League information and contact person (if registration is not available).
Completed Applications can be submitted by mail, email, fax or brought by our office.

Part 3. List ALL Household Members/Income from Last Month- REQUIRED

Receive Food Stamps <input type="checkbox"/> CHECK IF YES			*Must be able to show foodstamp verification				
(List EVERYONE in household)			Gross Income / How often received	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	Check if no income
First	Last	Age					
Jane	Doe	30	\$300/ bi-monthly (Ex)	\$150/weekly (Ex)	\$600/monthly (Ex)		<input type="checkbox"/>
			\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
			\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
			\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
			\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
			\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
			\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
			\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
			\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

Part 4. Signature and Personal Information (Adult must Sign)

I certify (promise) all of the information on this application is true and that all income is reported. I understand that Pagnozzi Charities officials reserve the right to request more information and verify (check) the information. I, also, understand that Pagnozzi Charities is not responsible for injury or loss of property while participating in above scholarship activity. I do, hereby, release Pagnozzi Charities, it's employees, sponsors & Board of Directors from any liability for any accident or injury.

Signature _____ Today's Date _____
Home Phone # _____ Work Phone # _____ Message Phone # _____
Street or Rural Address: _____ City: _____
State: _____ Zip: _____ E-Mail Address _____

Part 5. Demographic Information

Name of School _____ County of Residence _____

Part 6. Child's racial and ethnic identities (optional)

Caucasian African-American Native American Native Hawaiian
 Hispanic or Latino Asian Multi-Racial Other Pacific Islander