



Rosholt Area Youth Football, Inc  
 PO BOX 152  
 Rosholt, WI 54473

**CONFIDENTIAL-APPLICATION FOR FINANCIAL ASSISTANCE - CONFIDENTIAL**

Parent's Name: \_\_\_\_\_ Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

# of working adults in the household: \_\_\_\_ # of children in household: \_\_\_\_\_

Children that will participate in the 2011 RAYF program:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Total Monthly household income: \_\_\_\_\_ (subject to verification)

Please list any unexpected or out of the ordinary expenses that you may have, including medical expenses or other special circumstances, etc.

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How much can you afford to pay? \_\_\_\_\_

Are you willing/able to volunteer additional time in exchange for registration fee assistance? Yes\_\_\_\_ No \_\_\_\_

I acknowledge, by my signature below, that the information provided above is accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_