



Port Angeles Future Riders Financial Assistance Application

Let Us Help!

Thank you for your interest in the Port Angeles Future Rider (PAFR) financial assistance program. We offer financial assistance to individuals and families who are not able to pay full fees for PAFR membership/s. If you are approved for partial assistance you will be required to volunteer 2hrs to PAFR. If approved for full assistance you will be required to volunteer 4hrs to PAFR. Your player/s or cheerleader/s will be required to attend and participate in 80% of all pre scheduled practices and games. Volunteerism and fundraising is the foundation of our programs and is necessary for a successful and healthy future. Thank you!

To apply for financial assistance, please bring all the following information to a PAFR BOARD MEMBER. All information is confidential.

1. Completed financial assistance application.
2. A copy of your current federal income tax return. If you do not file federal income taxes, please call 1-800-TAX-FORM (1-800-829-1040) for a verification of non-filing or go to IRS.gov for other information.
3. Two most recent paycheck stubs or letter from your employer verifying your employment and stating your annual salary. If you are unemployed, draw social security or a full-time student, please provide a summary of your unemployment benefits, SSI paperwork, or financial aid benefits and student schedule.
4. Any documents verifying any financial assistance programs you are currently enrolled in.
5. Please mark out all social security numbers, tax ID numbers and/ or credit card numbers before submitting any paperwork.
6. Applications must be submitted with all required documentation. Incomplete applications cannot be processed. All financial assistance is distributed on a case-by-case basis.
7. Please do not register before you submit your financial assistance paperwork. We will register your child(ren) on completion of the PAFR scholarship process.
8. You will receive an email within two weeks regarding your qualification and next steps. We look forward to serving you.

Questions? Contact any board member, go to Pafutureiders.com for contact info or email us at portangelesfutureriders@gmail.com

Board Member Name Who Recieved _____

Date Received _____

Board Member Initials _____

All Documents Attached Y or N

Membership Programs Applying For _____

Dependant/s Applying For _____

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PAFR strives to make our programs available to all who will benefit from them, regardless of their ability to pay. All financial assistance is granted on a sliding scale based on income and need. All information is kept confidential.

Primary Adult Applicant

Name

Address

Birth Date _____

Employer

____ Length of Employment

Primary Phone #

Email

Spouse and/or Dependents Living at Home (Please complete.)

Tax Forms must reflect those that are listed below.

Name, Employer / School, Birth Date, Gender, Relationship

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Is yours a one-adult household? Yes / No



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Please explain why you need financial assistance

Documentation is required. Please list all financial aide you are currently receiving or qualify for. Examples, Aid for Dependent Children Food stamps, free or reduced lunch program, section 8 or subsidized housing etc.

Submit your completed Financial Assistance Application with the following:

1. Current year's Federal Tax Return (Form 1040 pages 1 and 2 only; or 1040EZ)
 2. Copies of your last two paycheck stubs OR a letter from your employer stating your annual salary
 3. Copies of any supporting documentation listed in the above line items
- I do/ did not file a federal Tax return based on federal government income guidelines.

Applications received without the above documentation attached will be returned unprocessed.

I certify that this information is true and complete to the best of my knowledge. I grant permission to the PAFR to verify this information. I agree to notify PAFR if my financial status should change. I understand that by signing and by qualifying I am required to volunteer 2hrs for a partial subsidy or 4hrs for a full subsidy. I understand that along with PAFR commitment my commitment is to make a minimum of 80% of all practices and scheduled games. If I do not complete the required volunteer hours or required attendance I will forfeit qualifying for financial assistance the following year.

Printed name

Signature of Applicant Date