



SVAA FINANCIAL ASSISTANCE POLICY

The amount of assistance applicants qualify for is determined by a sliding fee scale which is reviewed annually and set to provide maximum assistance to individuals and families where there is the greatest need. (Scale is similar used by the Federal Government). The amount of financial assistance provided for on the the scale is determined both by need and by the ability of SVAA to fund it.

- Please fill out completely and accurately and include \$35.
- Please attach a copy of your most current income tax return (1040 form) or last two paystubs. Your application cannot be processed without one of these documents. If you do have either of these documents, please call for appropriate alternate documentation.

Head of Household: _____

Address: _____ City: _____

Zip: _____ Phone: _____ Birthdate: _____

Sport Applying for:

Football Baseball/Softball Basketball Volleyball Cheer/Stunt

Family Members:

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

For Office Use Only:

Approved by: _____

Date: _____

Income:

- A copy of your most current income tax return (1040 form) and last two paystubs must be attached with this application.

Estimated Household Yearly Income: \$_____

If \$0, how are you paying for Rent, Utilities, etc?

If divorced, do you receive child support? _____ Yes _____ No

How much support: \$_____ per month \$_____ per year

Are you and/or your spouse receiving Social Security? _____ Yes _____ No

If yes, then...

What is your monthly benefit amount\$_____ Spouse \$_____

Do you own your home? _____ Yes _____ No Mortgage:\$_____/month

Do you rent? _____ Yes _____ No Rent: \$_____/month

Number of Cars in Family: _____

Make:_____ Model:_____ Year:_____

Driven/Owned by Who?_____

Make:_____ Model:_____ Year:_____

Driven/Owned by Who?_____

Financial assistance for all will be based on a sliding fee scale unless there are exceptional circumstances such as high medical bill, recent unemployment, etc. Please identify any exceptional circumstances that you want us to be aware of. Copies of any excessive bills, unemployment benefits, etc. must be attached.

I hereby state that the information provided is true and accurate to the best of my knowledge. I understand that SVAA may hold me responsible for the total cost of the program should the information be incorrect or inaccurate.

Signature of Applicant

Date

Mail this application and all documents to:

SVAA
13650 T.I. Blvd., #207
Dallas, TX 75243