

THURSTON COUNTY FASTPITCH ASSOCIATION 2023 FINANCIAL AID REQUEST FORM

(Please Print and Scan or Complete and Return to tcfaregistration@outlook.com)

There are limited funds available to aid in paying the TCFA registration fees. To be considered for a full or partial scholarship for the Summer League, the application must be completed by June 1

Today's date:					
PLAYER INFORMATION					
Player's last name:		First:		Middle:	
				2023 Player Age Group <input type="checkbox"/> 8u <input type="checkbox"/> 10u <input type="checkbox"/> 12u <input type="checkbox"/> 14u	
Did the player play with TCFA last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what team?		Has player received financial aid from TCFA before? If so, what year(s)?	
				Birth date: Age:	
What school does the player attend?		Does the player currently receive free or reduced lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PARENT/GUARDIAN INFORMATION					
Parent/Guardian last name:		First:		Middle:	
				Primary phone no.:	
Street Address:					
Email		City:		State:	
				ZIP Code:	
Please list all household monthly income (gross, before taxes and deductions)					
Source: (Employment, Soc Security, TANF, etc)				\$ Amount:	
				Total: \$	
How many people live in your household?			Number of children under the age of 18?		
Total Amount you are able to commit to the player fee:					
Additional Information you would like to provide that may assist the committee in making a decision on this request:					

PARENT/GUARDIAN SIGNATURE	
<p>The above information is true to the best of my knowledge. I understand that this information will be used solely for the purpose of determining my eligibility to receive financial aid from the Thurston County Fastpitch Association for the 2023 season. I authorize Thurston County Fastpitch Association to review this information.</p>	
<hr style="width: 80%; margin: 0 auto;"/> <i>Patient/Guardian signature</i>	<hr style="width: 80%; margin: 0 auto;"/> <i>Date</i>

The scholarship board will meet and determine the allotment of funds. You will be notified of our decision regarding your request. If your fees will not be covered by scholarship, you will have time to complete your application with payment by the Feb. 16 deadline. We regret that not all requests may be met.

Total Player(s) Fee(s): _____ Financial Aid Granted: _____ Player(s) Responsibility _____	For Official Use Only (2) board member Initials _____ _____
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