

MVPSOS is dedicated to helping those that do not have the financial ability to participate in school related and extra-curricular activities, sports, or classes. Application information is confidential. Please allow up to 30 days to review.

(Please attach all required documentation)

* MANDATORY FIELDS Date*										
Parent or Guardian*										
Name of Applicant Child*										
Birthdate of Applicant Child*										
Number of Additional School	Age Child	ren in Fam	nily (NOT	including	g applicant) *					
	Names of	of Additiona	al Childr	en in The	Family:					
	Name*_						_ Age *	Date of	Birth*	
	Name*_						_ Age *	Date of	Birth*	
	Name*						_ Age *	Date of Birth*		
Home Address*	Street								Apt/Unit #	
	City							State	Zip	
Phone*	Home					Mobile_				
Name of Program*										
Schedule of Program in Mont	hs*				_					
Total Amount of Registration	Costs*	\$			_					
Due Date*			/	_/	_					
Name of Organization Vouch	er should	d be made	payable	e to*						
Special Financial Circumstar	nces									

IMPORTANT! TO BE CONSIDERED FOR FUNDING
THE FIRST 2 PAGES OF THE <u>PARENT'S/GUARDIAN'S</u> MOST RECENT TAX RETURN
(AND SCHEDULE 'C' IF APPLICABLE) <u>MUST</u> BE SUBMITTED WITH THIS APPLICATION.
PLEASE BLACK OUT ALL SOCIAL SECURITY NUMBERS.

Mail application with the financial information to: MVPSOS, P.O. Box 1146, New Milford, CT 06776
OR, email to: mvpsosapplications@gmail.com | OR, apply online at www.MVPSOS.org
NOTE: Voucher MUST be redeemed by the receiving organization within 90-days of issue date.

Please see our website www.mvpsos.org for additional information.