



APPLICATION FOR FUNDING

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

*** MANDATORY FIELDS**

Date* _____

Parent or Guardian* _____

Name of Applicant Child* _____

Birthdate of Applicant Child* _____

Number of Additional School Age Children in Family (NOT including applicant) * _____

Names of Additional Children in The Family:

Name* _____ Age* _____

Name* _____ Age* _____

Name* _____ Age* _____

Home Address* Street _____ Apt _____

City _____ State _____ Zip _____

Phone* Home _____ Mobile _____

Name of Program* _____

Schedule of Program in Months* _____

Total Amount of Registration Costs* \$ _____

Due Date* ____/____/____

Name of Organization Voucher should be made payable to* _____

Special Financial Circumstances _____

IMPORTANT! TO BE CONSIDERED FOR FUNDING THE FIRST 2 PAGES OF THE PARENT'S/GUARDIAN'S MOST RECENT TAX RETURN (AND SCHEDULE 'C' IF APPLICABLE) MUST 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

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.

As a recipient, please help us spread the word by sharing your experience with friend and the community on our [Facebook](#) page or website.