



Application for Funding

MVP-SOS 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.

Date: _____
Parent or Guardian: _____
Name of Individual Applicant: _____
Age of Applicant: _____
Number of Additional School Age Children in Family (NOT including applicant): _____

Additional Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Mailing Address: Street: _____ Apt: _____

Email Address: City: _____ State: _____ Zip _____

Phone: Home: _____ Mobile: _____

Name of Program: _____

Schedule of Program in Months: _____

Total Amount of Registration Cost: \$ _____

Due Date: _____

Name of Organization Voucher should be made payable to: _____

Special Financial Circumstances: _____

To be considered for funding the first 2 pages of the parents/guardians 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 financial information to: MVP-SOS • PO 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 more information.

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