

MVPSOS

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. Application information is confidential. Please allow up to 15 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 Children in Family (NOT including applicant) * _____
Names of Additional Children in The Family:

Name*	_____	Age*	_____	Date of Birth*	_____
Name*	_____	Age*	_____	Date of Birth*	_____
Name*	_____	Age*	_____	Date of Birth*	_____

783051

Home Address* Street _____ Apt/Unit # _____
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**
OR, email to: mvpsoapplications@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.mvpso.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.
2.20.25