



## 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**

**NOTE: Voucher MUST be redeemed by the receiving organization within 90-days of issue date.**

Please see our website [www.mvpsos.org](http://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.