



# WOODINVILLE BASEBALL CLUB

## FAMILIES IN NEED APPLICATION

Player Name \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Applicable Season: \_\_\_\_\_ Date Received: \_\_\_\_\_

Total annual household income: \$ \_\_\_\_\_

Number of family members/dependents living with you: \_\_\_\_\_

Eligibility determined by either (please check one and attach copies):

Proof of eligibility for the Free or Reduced Price School Lunch Program

Prior year Federal income tax return, validating adjusted gross family income

If neither of the above eligibility criteria is met, please describe source of need and/or extenuating circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby attest that all of the above information and the attached documents are true and correct.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_