

SOUTH BRUNSWICK POLICE ATHLETIC LEAGUE

Program Scholarship / Reduced Fee Application and Fact Sheet

Please Mail this form back to: **South Brunswick PAL, P.O. Box 84, Kendall Park, NJ. 08824**

Person completing this form: _____ Date: _____
 Phone: Home: _____ Work: _____ Cell: _____
 Relationship to participant: Parent Legal Guardian Self (Participant) Other _____

PARTICIPANT INFORMATION (All participants must be permanent residents of South Brunswick Township)

First Name: _____ Last Name: _____ Age: _____ Grade: _____
 Address: _____ City: _____ Zip: _____
 Home phone: _____ Work: _____ Cell: _____
 Total Number in Household: _____ Number of Adults: _____ Number of Children: _____
 Parent/Guardian (or Self if over 18): Place of Employment: _____ City: _____
 Household Income: \$ _____ Check one: Monthly Annually
 County I.D. or G. A. Number: _____

PROGRAM APPLYING FOR:	Day	Date/Year	Time	Fee
1) _____	_____	_____	_____	\$ _____
2) _____	_____	_____	_____	\$ _____
3) _____	_____	_____	_____	\$ _____
TOTAL COST:				\$ _____
AMOUNT YOU CAN PAY:				\$ _____

Use reverse side if more room is necessary

- A. Why are you requesting financial aide? _____
- B. Why is participating in this program important to you? _____
- C. Other Information or comments: _____

*** A Copy Of The Previous Years W-2 /W-4 Must Accompany This Application ***

Official use only

Staff Verification, name & title: _____
Staff Comments: _____

APPROVED Amount of Scholarship \$ _____ Amount to be paid by participant \$ _____
 NOT APPROVED Reason: _____

_____, approved, **Director of Program**
 Invalid without Signature _____ Date _____

Amount Paid: \$ _____ Receipt: # _____ Date: _____ Check: # _____ Cash: \$ _____ Initials: _____