

FINANCIAL ASSISTANCE FORM

This application must be completed in its entirety prior to participation in any program at The Bridge Sports Complex. All information will be used to determine the level of assistance an applicant will receive. If a determination of assistance is offered, the decision is final unless circumstances within this document change. This form must be submitted each year to ensure accuracy.



THE
BRIDGE
SPORTS COMPLEX

PRIMARY ADULT (PLEASE PRINT)

First & Last Name _____ Date of Birth _____ Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

E-mail _____ Are you age 65 or over? Yes No

SECONDARY ADULT (SAME HOUSEHOLD)

First & Last Name _____ Date of Birth _____ Phone _____

DEPENDENTS (SAME HOUSEHOLD)

First & Last Name _____ Date of Birth _____ Current Age _____

First & Last Name _____ Date of Birth _____ Current Age _____

First & Last Name _____ Date of Birth _____ Current Age _____

First & Last Name _____ Date of Birth _____ Current Age _____

TYPE OF MEMBERSHIP APPLYING FOR?

(Select One)

(Select One)

 Gold Platinum Individual Family Senior

What is the maximum you can pay per month? \$ _____ Required

What programs are you interested in receiving assistance? Please write the attendee(s) name and what program they desire to attend.

YOUTH SPORTS

SWIM LESSONS

CAMPS

ADULT SPORTS

HOUSEHOLD INCOME

(Check one of the boxes below)

Annual Adjusted Income
(Form 1040, line 37 or W2 Income)

\$

Supply a copy of the most recent W2/1040 for all adults in the household who will be included in the membership and who are not claimed as a dependent on another adult member's taxes. If you are age 65 or over, a tax return is required on or before your 1-year membership anniversary.

Please complete IRS form 4506T statement of non-filing so we may verify non-filing status.

ADDITIONAL INFORMATION

Has your current job status changed in the last year? Yes No

If yes, please explain why your job has changed. _____

Supervisor Contact Information _____

Why do you need financial assistance for The Bridge Sports Complex? _____

CERTIFICATION OF INFORMATION

I certify that the information listed on this form is correct to the best of my knowledge. I understand that The Bridge Sports Complex will award assistance on a first-come, first served basis. I agree to notify The Bridge if my financial situation improves, so that my financial assistance can be re-evaluated, thus providing more opportunities for others in our community. I understand that to maintain my financial assistance, The Bridge may require updated financial information. I will be afforded at least 30 days to provide information when requested. Failure to do so may lead to termination of my financial assistance and/or membership.

Applicant Signature _____ Date _____

Applicant Printed Name _____