



Deep Run Valley Sports Association ('DRVSA') Financial Assistance Program

Goal:

To help families in financial need who wish to have their children participate in sports at DRVSA.

Guidelines:

1. Financial assistance consideration is based on need, timeliness of application, and funding availability. First consideration will be given to financial need.
2. An application is required for each sports season (Spring / Fall / Winter). Application is contained within this packet.
3. No incomplete application will be considered. If incomplete, it will be returned to you. Review your application thoroughly before submission.
4. Submission of this financial assistance application DOES NOT AUTOMATICALLY ENROLL YOUR CHILD IN A SPORT.
5. DRVSA does not guarantee approval of assistance as it depends on funds available.
6. Decisions will be communicated prior to the end of that season's registration deadline.

If you have any questions, please call our office before submitting your application. We are happy to assist you. Any questions may be directed to our Administrator, Michelle Bogle, at 215-822-6037 or email at info@drvsa.org.

Return completed application form via email to executiveboard@drvsa.org.

Information provided on this application is considered strictly confidential by DRVSA.



Deep Run Valley Sports Association ('DRVSA') Financial Assistance Application

DRVSA offers financial assistance for those members in need. Please fill out this form to be considered. The DRVSA Executive Board will review all applications and will award financial help based on the following criteria:

- 🎬 Financial Need
- 🎬 Interest and Involvement in sports
- 🎬 Availability of funds

Parents Name _____

Address _____

Phone number _____ Email _____

Child's Name _____ DOB _____ Age _____

Have you ever received financial assistance from DRVSA before? Circle one YES NO

Please make a brief statement describing why your child needs financial assistance.

What is the primary guardian's occupation / job:



What is the secondary guardian's occupation / job:

What is the combined household income:

____ Under \$20,000 ____ \$20,000-\$30,000 ____ \$30,000-\$50,000 ____ \$50,000 and up

Number of Dependents _____

List any special circumstances you/your child has.

If asked, I can provide you with a copy of your most recent tax return? Circle one: YES or NO

Signature _____ Date _____

Upon completion, please email to executiveboard@drvsa.org. We will review your application and follow-up within a timely manner.

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