

Tuesday Night Athletic Foundation's

Parent Attestation Financial Assistance Request Form

Instructions: This form and all accompanying materials are to be completed by the parent or guardian of the athlete(s) that the funds will be applied to. Please mail this form and all accompanying letters and documents to: **Tuesday Night Athletic Foundation, PO Box 251, Newport, RI, 02840.** "Benefiting Youth Athlete" refers to the amateur athlete or athletes that funds awarded will benefit.

Parent/Guardian Applicant & Contact Information:

Name: _____

Relation to Benefiting Youth Athlete(s): _____

Address: _____
Address Apt. #

City State Zip

Preferred Phone Number: (____) _____

Preferred Email: _____

Household Information:

Number of people in household: Adults _____ Children _____

Household Gross Income: _____

Benefiting Youth Athlete(s):

Please list the name, age, sex, & sport of each athlete that funds will be applied to:

(In addition, include a copy of the latest Report Card of each Benefiting Youth Athlete(s).)

Description of Need:

Describe on a separate sheet of paper the athletic related expenses of the Benefiting Youth Athlete(s) listed above. Please be as specific as possible and list all expenses and their amount in detail. Also, include the total amount of funds you are requesting.

Financial Statement:

Please include with this completed form an attestation that describes the family’s financial situation and any other information that you feel can help TNAF make an informed decision as to your application. Any supporting documents such as tax forms or pay stubs are welcome.

I understand that the information I have provided, including all enclosed letters and documents, will remain confidential to the Tuesday Night Athletic Foundation’s Board of Directors. I confirm by signing below that the information I have provided is complete and accurate. I also understand that providing false information may result in the demand of the return of any awarded funds by TNAF.

Parent/Guardian Applicant

Date

Completed application form, Description of Need, Financial Statements, and Report Cards of each athlete should be mailed to:

**Tuesday Night Athletic Foundation
PO Box 251
Newport, RI 02840**