



Greensboro Tennis Foundation Financial Assistance

Thank you for your interest in GTF! Attached you will find the application for GTF's financial assistance. There are several forms that must be sent back with the application in order for your request to be processed. Please read the following information carefully to ensure the accuracy of your paperwork. Any missing information may result in a reduction or denial of financial assistance. All financial assistance is granted on a sliding scale base on income and need.

The following documents are needed for processing your request:

- Financial Assistance Application
- Copy of the 1st and 2nd page of your 2014 tax return that was filed with the IRS (or last year filed). The information must include adjusted gross income and list of dependents (or last year filed). Please cross off social security numbers.
- Copy of all 2014 W-2 forms (*Please include W-2 forms for all persons in household.*) Please cross off social security numbers.
- Copy of one month of paychecks stubs and proof of ALL other income that comes into the household. (*Child support, Disability Statement, Unemployment, letter of hardship, etc.*) **This information must be provided for all adults in household.** If it is not clearly indicated on your paycheck stub, please write your name, period of time the checks are for and how often you are paid.
- Social Security award letter or SSA-1099 S.S. Benefit Statement.
- For foster children only provide a copy of stipend from DSS.

****Other documentation may be requested.**

Again, please review all information carefully and use the above reference checklist to mark off that all required information is included when you send your request. If the information is not complete, we cannot process your financial assistance. All policies state on the registration forms and confirmation packs are still in effect regarding financial assistance. Applicants cannot participate in programs or membership until the financial assistance has been granted, and amounts owed are paid.

Thank you for taking the time to accurately complete the information for our application. You will be notified as to the status of your application within 15 days.

It is the goal of GTF to turn no one away because of inability to pay.

This application is not to be considered a guarantee of financial assistance. Please print or type this information requested below and indicated with the letters "NA" when information requested does not apply to you.

Applicant Information

Adult (or parent/guardian if applicant is a youth)

Street _____ City _____ State _____ Zip Code _____

Home / Cell Phone _____ Work Phone _____

E-mail: _____

Please circle your preferred method of contact: Email Cell US Mail

Household Information List name and date of birth for all individuals living not listed above in the same household.

Other Household Members	Date of Birth	Gender	Relationship

Do you share expenses with anyone else in your household? _____ Total number in household _____

Reason assistance is needed (please select all that apply):

- 1) Low Income 2) Rehabilitation Referrals 3) Special Circumstances
- 4) Unemployment 5) Social/Emotional Need (Specify on attached sheet)
- 6) Other (please list with explanation) _____

Monthly Income/Expenses Worksheet – Applications will be denied if application is incomplete.

Applicants may be asked to provide documentation to verify their expenses.

Income: Please indicate MONTHLY amounts

Expenses: Please indicate MONTHLY amounts

\$ _____ 1) Applicants Gross Monthly Income

\$ _____ 1) Rent/Mortgage (Circle One)

\$ _____ 2) Other Adult(s) Gross Monthly Income

\$ _____ 2) Auto Loan

\$ _____ 3) Child Support

\$ _____ 3) Utilities

\$ _____ 4) Social Security or Disability

\$ _____ 4) Phone (Listed in your name)

\$ _____ 5) Welfare (submit copy of card)

\$ _____ 5) Child Support

\$ _____ 6) Food Stamps

\$ _____ 6) Medical

\$ _____ 7) Unemployment

\$ _____ 7) Child Care

\$ _____ 8) Foster Child Stipend

\$ _____ 8) Food

\$ _____ 9) Other (please explain)

\$ _____ 9) Gas

(Example: Trust Fund, savings account, etc)

\$ _____ 10) Other (please explain)



Total Monthly Income \$ _____

Total Monthly Expenses \$ _____

Total Annual Income \$ _____

Total Annual Expenses \$ _____

We do not provide 100% scholarship. Everyone is expected to pay something.

How much can you afford to pay per person / per program?

How much per month?

Are there any extraordinary circumstances that should be taken into consideration when reviewing this application?

What benefits do you see for you / your child in participating in GTF programs?

I verify that all information submitted is correct, complete, and accurate. If my situation changes, I agree to notify GTF within 30 days. If I submit false or inaccurate information, or fail to notify GTF within 30 days, I may be terminated from the Financial Assistance program. I consent to use photographs of myself and/or anyone in my family for displays, brochures, and promotional materials with no compensation to my family or me.

I understand I will be given a deadline to respond to accept the scholarship.

Signature of Applicant

Date

