

LAKE ZURICH FLAMES YOUTH FOOTBALL AND CHEERLEADING  
Financial Assistance Application

It's the intent of the Lake Zurich Flames that no child that wants to participate in football or cheerleading ever be turned away. We would like to assist any family that cannot meet the financial obligation at this time. Please help us in filling out the information below so that we may help your son or daughter participate this year.

Please note that this application is extremely confidential. It will be reviewed only by the Executive Committee in a confidential manner and a decision will be communicated to you as soon as possible. The Lake Zurich Flames reserves the right to request additional information to aid in the evaluation process.

Participant's (Child) Full Name: \_\_\_\_\_

School Grade Entering Into the Fall: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Evening Phone Cell Phone: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Family Information:

1) Number of adults currently residing in the household \_\_\_\_\_

2) Number of Children under the age of 13 living in the household \_\_\_\_\_

3) Number of Children between the ages of 14 and 18 living in the household \_\_\_\_\_

4) Number of Parent(s)/Guardian(s) currently working fulltime \_\_\_\_\_

Occupation Parent/Guardian #1 \_\_\_\_\_

Occupation Parent/Guardian #2 \_\_\_\_\_

5) Number of Parent(s)/Guardian(s) currently working part-time \_\_\_\_\_

Occupation Parent/Guardian #1 \_\_\_\_\_

Occupation Parent/Guardian #2 \_\_\_\_\_

In the space below, please explain the type of assistance you are requesting and the reason.

– If you are requesting a payment plan, we request 50% paid now and the balance over two installments to be paid in full by July 1. Please state the dates you feel you can make the next two payments. If you cannot make a 50% payment now, please suggest a payment plan that you know you can meet. Note, there may be an additional fee for this option.

–If you are requesting a reduced registration fee, please explain in detail the reason for the reduction and how much, if anything, you can pay. You will be required to fulfill a volunteer time commitment to the Flames organization based on the approved reduction in registration fees.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_