

FENCING INSTITUTE OF TEXAS, INC.
Application for Financial Assistance

Dear Applicant or Applicant's Parent/Guardian:

Financial assistance (assistance and grants) are sometimes available to individuals and families who are unable to pay the full cost of membership or programs when possible. Through the generosity of Fencing Institute of Texas (FIT) members and others in the community, we are, at times, able to provide financial assistance to individuals for tuition who need it. We are not able to provide assistance that covers the total cost of a membership or program. If approved, you will be asked to contribute an amount determined by our eligibility rating system. Financial assistance may not be available for all membership categories or programs and are allocated as funds permit. Financial assistance may not be used for equipment purchase, tournament entry fees, tournament coaching fees, or monies paid to third parties other than FIT, including FIT coaches. **Financial assistance is not continuous; therefore, you will be required to complete a new application and submit the requested paperwork prior to 30 JUNE of each year.**

In order for your application to be considered by the review committee, you must provide proof of income including a copy of: **(1) your Federal Income Tax forms, and (2) a copy of your two most recent pay stubs for family income earners.** Incomplete applications will be returned to the applicant. (Please blacken out social security numbers or other identifying numbers not necessary for this requested information.)

Names of fencers requesting assistance:

If the applicant(s) is/are minor child/children, what are the parent's name?

Primary contact information:

Address: _____

City: _____, State _____ Zip Code: _____

Home Phone: _____

Other Phone: Mobile Work _____

Email Address: _____

Parents and Adult Fencer Applicants, please tell us about yourself and your family:

Marital status: Married or Partner Separated or Divorced Widowed Single

Are you currently employed: No Yes Full-Time Part-Time

Is your spouse/partner currently employed? N/A No Yes: Full-Time Part-Time

Are you or your spouse/partner currently in college? Yes, I am Yes, my spouse No, neither

If you are in college/university, do either of you receive financial aid for tuition and/or other allowances/stipend such as housing? (Please list the total amount for you and/or your spouse.)

No Yes, scholarship: \$ _____ Yes, allowances: \$ _____

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What amount are you seeking for assistance? (Remember, the full cost of tuition and programs is not covered): \$ _____

[FIT is open 5-9 Monday through Friday, 9 am – 4 pm Saturday and 3-5 pm on Sunday]

Are you willing to provide services to FIT in exchange for the financial assistance, such as working in the office, armory, cleaning, etc.? No Yes, my skills and available days/times are below:

Skills:

Days/times available: _____

Are you willing to help at FIT managed tournaments (at the club and within the DFW area) for set up, tear down, awards, registration, refereeing, bout committee, armory, etc. as necessary to support our fencers and tournaments? No Yes

Attach any additional information or documentation that you feel will assist the review committee in evaluating your application such as tournament history, etc., to this document along with your latest tax return and most recent pay stub(s) for family income earners.

The information that I have provided on this form is accurate and current to my knowledge; **any misrepresentation of information is immediate grounds for denial or discontinuance of financial assistance, and possible suspension from the club.** If required, I agree to provide additional documentation to verify my need for financial assistance. I understand that FIT attempts to award financial assistance to as many qualified applicants as possible, to the extent that funds are available. I understand that FIT does not award financial assistance that covers the total cost of a membership or a program. Additionally, I understand that not all programs, sessions or membership categories may be available at the time of my application for financial assistance.

Your signature: _____ Date: _____

Please print your name: _____

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APPLICANT'S NAME(S): _____

COACH'S NAME: _____

THIS SECTION BELOW TO BE COMPLETED BY COACH AND REVIEW BOARD

The information below is confidential and shall not be disseminated to the applicant or other persons. The applicant will be notified by letter or email of the review board's decision.

As the primary coach of this applicant, I approve of this financial assistance request.

No Reason: _____

Yes, in addition, I am willing to provide secondary assistance of _____% (percentage*) for my program fees per month, and/or _____ lessons per week. (If not, please write "o" in the blank(s). You may change this number if the student is not upholding their part of the training agreement by providing written notice to the FIT Office Staff or President of the Board of Directors. The FIT Office Staff will notify the fencer/parent of your decision.)

**Place a percentage of 0-100 in this space, not a dollar amount.*

If FIT is unable to provide financial assistance at this time, do you still want to provide assistance as listed above? Yes No

Coach's Signature: _____ Date: _____

Reviewed by Committee on (date): _____

Request approved?

Yes: Monthly amount: \$ _____

No. Reason: _____

I am a Representative of the FIT Board of Directors and attest that this document in its entirety was presented and reviewed by the Board of Directors Review Committee.

Signature: _____ Date: _____

Notification letter mailed/emailed on (date): _____