



## **WPJWC Financial Assistance Application**

The goal of the Woodland Park Jr. Wrestling Club (**WPJWC**) is to allow every eligible player to participate in wrestling regardless of household financial conditions. The WPJWC Financial Assistance Plan has been developed to assist families who demonstrate the need for financial assistance. Upon approval of financial assistance your fees may be offset, reduced by half or completely waived. The number of wrestlers eligible for assistance will be determined upon financial availability of the club for that season as determined by the Executive Board of Directors.

### **What it covers:**

Financial Assistance will cover all or a portion of the registration fee for the current Peak 2 Peak folk style wrestling season, uniforms and/or facility use fees. All other equipment needed for participation and tournament fees are the responsibility of the player/parent unless otherwise noted and approved by the Executive Board of Directors.

All uniforms purchased or loaned by the WPJWC for use by athletes of Families receiving Financial Assistance will remain property of the WPJWC and must be returned no later than the end of season banquet. Any uniforms not returned or returned with damage not consistent with normal use will incur a fee for replacement to be paid by the Parent/Guardian listed on this application.

### **Application Process:**

1. Submit both pages of this completed application with current approved Free Meal document (If applicable)
2. Once your application is received you will receive an email to verify receipt of your application for assistance.
3. The WPJWC Executive Board of Directors will review your application for assistance and make a decision based on your determined need, and the amount of Financial Assistance available for the season
4. Each child will have to be registered individually, and a separate financial application must be submitted for each child.

### **Acknowledgment of Obligation**

1. As members of the Woodland Park Jr. Wrestling Club, Families receiving offset, reduced or waived fees are obligated to participate, in some capacity, in all WPJWC Fundraising activities unless prior arrangements have been made with the Head Coach and or the Board of Directors.
2. Families receiving reduced or offset fees must pay fees on time in accordance with fee deadlines, unless prior arrangements have been made with the Board of Directors.
3. Participating children of Families receiving Financial Assistance must attend all practices, unless prior arrangements have been made with the Head Coach
4. Any family receiving Financial Assistance that is deemed to not be meeting the obligations set forth in this section may have their Financial Assistance reduced or revoked at the discretion of the Board of Directors.

By signing below, I \_\_\_\_\_ acknowledge that I have read and fully agree with the terms listed in this section in order to be eligible for Financial Assistance

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

Name of Wrestler: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your family qualify for free or reduced lunch through the school district?  Yes  No

Annual gross household Income: \_\_\_\_\_

Can you provide proof of income?  Yes  No

**Applicant is allowed to attach one typed sheet of "Optional Information for Consideration" to this application.**

Optional Information for Consideration Attached  Yes  No

By filling out this form, I understand and agree to the WPJWC Financial Assistance Guidelines as set forth above. I also understand that any false information will disqualify my family for financial assistance.

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

---

**For WPJWC Use Only**

Financial Assistance Granted  Yes  No Date: \_\_\_\_\_

Registration Fee Waived  Monthly Dues Waived  Reduced Fees  All Fees Waived  Other Financial Assistance

Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Board Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_