

**Application for Financial Assistance
The Lindy Infante Foundation Athletic Scholarship Fund**

APPLICANT INFORMATION

Student Name	Parish	
Student Age	Student Grade	
Parent Names		
Mailing Address		
City	State	ZIP
Phone	Email	

FINANCIAL INFORMATION

Annual Household Income
Number of People in Household and Ages
Which Sports would you like to participate in?
What are the total fees for participation?

VERIFICATION

To qualify, all of the following documents must be attached:

Proof of income, including all of the following: <ul style="list-style-type: none">- Form 1040, Federal Tax Form- Certification of eligibility for free or reduced school lunch program	Proof of costs associated with participation, including any of the following: <ul style="list-style-type: none">- Registration form showing fees- Website or contact information for your parish sports program
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I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of person completing the form

Date

Please return this form to your parish athletic director for processing.

