

Bruno United FC
PO Box 2359, Providence, RI 02906
CONFIDENTIAL REQUEST FOR ADJUSTED FEE

Participant Information:

Child's Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Email: _____

Family Information:

1) Parent/Guardian Name: _____ 2) Marital Status: _____

3) Number of Children: _____ Age(s): _____

4) Other members of household:

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Income Information: (Current Annual Amounts)

1) Applicant's Occupation: _____ 5) Social Security \$ _____

Annual Salaries: \$ _____ \$ _____ 6) Unemployment Ins. \$ _____

3) Alimony/Child Support (received) \$ _____ 8) Other: (Interest, etc.) \$ _____

4) AFDC: \$ _____ **TOTAL INCOME (LINES 1-8)** \$ _____

Expense Information:

Monthly Rent/Mortgage \$ _____ Health Insurance \$ _____

Unusual Expenses: (Current Annual Amounts)

1) Day Care \$ _____ 4) Support of other relative \$ _____

2) Medical \$ _____ 5) Other \$ _____

3) Alimony/Child Support \$ _____ **TOTAL EXPENSES** \$ _____

Please describe any special circumstances which affect your ability to pay the regular fee:

What is the total amount you can pay? \$ _____

(YOU MUST ENTER AN AMOUNT HERE)

I understand that Bruno United FC may verify from third parties the information provided above.

Signed: _____ Date: _____

PLEASE NOTE: THIS REQUEST WILL NOT BE CONSIDERED WITHOUT A COPY OF PROPER DOCUMENTATION (W-2, Tax forms, Disability Payments). FEE ADJUSTMENTS ARE NOT RENEWED AUTOMATICALLY, BUT MUST BE SUBMITTED ANNUALLY.

Mail this form along with all required supporting documents to: Bruno United FC, PO Box 2359, Providence, RI 02906

Office use only

Total Fee \$ _____

Scholarship Amount \$ _____

Adjusted Fee \$ _____

Approved by: _____

Date: _____