



Financial Assistance Request Form

Applicant's Name: _____ DOB: _____

Parent / Guardian _____ Parent / Guardian _____

Name: _____ Name: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Address: _____ Address: _____

Adjusted gross family or combined individual incomes: _____

Please include a copy of family's most recent tax return(s).

Was applicant a MARA member for previous season? _____ yes _____ no

What other financial assistance does the athlete receive?

How many athletes will you be requesting assistance for _____

Note that a separate form needs to be submitted for each athlete.

MARA will provide partial financial assistance only.

Based on your individual situation and program applied for, please state the assistance

requested: \$ _____

Each Financial Assistance Request Form must be submitted with a MARA Individual Membership Application.

Please also include a separate Financial Assistance Letter explaining your financial situation and why you believe you merit consideration for financial assistance.

Requests for financial assistance and all financial information submitted are kept in strict confidence. Only members of the Financial Assistance Committee will be aware that you have applied for assistance.

Please mail this Financial Assistance Request Form, MARA Individual Membership Application, Financial Assistance Letter and copy of family's latest tax return(s) to:

Financial Assistance Committee

C/O MARA

PO Box 953

Medford, OR 97501

Financial Assistance Committee Use Only

Date Received: _____ Date Approved _____ Assistance Approved: \$ _____ Approved By: _____