



Athletic Scholarship Foundation of Tuolumne County
P.O. Box 4039
Sonora, CA 95370
(209) 651-2001

Application for Financial Assistance

Applicant's name _____

Home address _____

City _____ State _____ Zip Code _____

Phone _____ Email Address _____

If your mailing address is different than your home address, please fill out this section

Mailing address _____

City _____ State _____ Zip Code _____

Name of child _____ Age _____ Sex (M/F) _____

How will funds be used (league name, event or facility) _____

Annual family income _____

If income is over \$20,000, briefly explain the reason for your financial assistance request

(Optional - for statistical information only)

Ethnicity of child _____ Hispanic (Yes/No) _____

Signature _____ Date _____