



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 \_\_\_\_\_

Child's Birth Date \_\_\_\_\_ Annual Family Income \_\_\_\_\_

League or Facility Name \_\_\_\_\_

(Optional) Ethnicity of Child \_\_\_\_\_ Hispanic (Yes/No) \_\_\_\_\_

(Office Use Only)

Date Approved \_\_\_\_\_ Grant Number \_\_\_\_\_

Grant Amount \_\_\_\_\_ Playing Age \_\_\_\_\_ Player's Division \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_