



Fort Worth Christian Youth Football League Student Aid Form

A Parent A or Guardian A (Living with student.) **B Parent B or Guardian B** (Living with student.)

Circle One Father Mother Stepfather Stepmother Other Adult

Circle One Father Mother Stepfather Stepmother Other Adult

Last Name First Name MI

Last Name First Name MI

Age () Area Code Phone Number

Age () Area Code Phone Number

Address Apt#

Address Apt#

City State Zip

City State Zip

Occupation / Title Area Code Work Phone Number

Occupation / Title Area Code Work Phone #

Employed by How Long?

Employed by How Long?

C Household Information

Number of individuals who lived in my/our household during 2007

_____ Parents _____ Dependents _____ Others

Current Martial status housing arrangement of Parent Guardian A:

Single Divorced Residing w/ Significant Other
 Married Divorced/Remarried Other _____
 Widowed Separated

E Dependents

	Dependent Last Name	Dependent First Name	MI	DOB	Grade in fall of Current Year	Applying for Aid	Amount I/We Feel we can pay towards fee	School
1								
2								
3								
4								
5								

F Taxable Income (based on your IRS form 1040 ;1040A;1040EZ)

	Previous Year	Current Year
1 Parent / Guardian A total taxable income from W-2 wages	_____	_____
2 Parent / Guardian B total taxable income from W-2 wages	_____	_____
3 Net Business Income from self employment	_____	_____

G Unusual Circumstances

Loss of Job Death in the Family College Expense Child Support Reduction
 Recent Separation Shared Custody Income Reduction Medical and Dental Expenses
 Bankruptcy High Debt Illness or Injury Shared Tuition
 Change in Family Living status Other _____

H Explanations (Use this space to explain any answers that may need clarification)

