



# TRACK CITY TRACK CLUB

PO Box 932  
EUGENE, OR 97440  
541.687.8453  
www.trackcity.org

## Scholarship/Reduced Fee Application

Track City Track Club recognizes that not all families can afford the registration fee required for club participation. In order not to exclude any child from participation in Track City Track Club we ask that you fill out this form and providing all requested information. By signing you agree to all conditions. A separate form must be used for each athlete. Only partial scholarships can be granted. Need and amount of scholarship will be determined by TCTC Scholarship Committee.

### How many people live in your household?

Adults \_\_\_\_\_ Children \_\_\_\_\_

### Please list child in your family who will be participating with TRACK CITY TRACK CLUB

Child's Name \_\_\_\_\_ DoB \_\_\_\_\_ M or F \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

### Please list any other children in your family(use back of form if more space is needed)

Child's Name \_\_\_\_\_ DoB \_\_\_\_\_ M or F \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

### Please list members of your household who contribute to the household income. First name should be the head of household

Name	Home Phone	Employer	Employer's Phone	SSN	Monthly Gross Income from Work
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

### Please record amounts of total monthly gross income of the household

_____ My children receive reduced school lunches	Child Support	\$ _____
_____ My children receive free school lunches	School Financial Aid/Award Letter	\$ _____
	Unemployment	\$ _____
	Food Stamp Amount	\$ _____
	Other type of verifiable income (AFS)	\$ _____
	Total from all amounts above	\$ _____

Proof of income or the award letter for free or reduced school lunches must be provided. Proof of income may be three months of pay stubs with year to date figures, or a tax statement. The award letter can be obtained from your child's school, or the school district office. **All paperwork must be submitted to us within seven (7) days of the athlete beginning practice.** Please call two days after all paperwork is submitted for the remaining amount of registration fees due and payment schedule, if any. **Athlete is not registered until we receive partial payment of registration fees.** If we do not receive partial payment within the seven (7) day deadline the athlete will not be allowed to participate at practice.

I certify that I have read and understood the above information and that the information submitted is complete and accurate to the best of my knowledge. I authorize Track City to have access to any records, public or private, including employer, which will substantiate, verify, or refute the information contained in this application.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**ATHLETE MUST HAVE MEDICAL INSURANCE**