

# APPLICATION

## WICE/HART MEMORIAL

### GIRLS SUMMER SPORT CLINICS

of the Venango Area Community Foundation

Please return to: ATTN: Jeanne Best, VACF, PO Box 374, Oil City, PA 16301

**The purpose of this fund is to provide a permanent and growing Memorial Fund dedicated to helping girls whose families are unable to afford fees, uniforms or other costs associated with participation in girls' sports sponsored by the Oil City, Franklin, Cranberry and Valley Grove school districts.**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone # . \_\_\_\_\_ SS# \_\_\_\_\_

High School: \_\_\_\_\_

Clinic Attending: \_\_\_\_\_

Total Tuition & Fees: \_\_\_\_\_ Payable to : \_\_\_\_\_

Amount raised thus far towards funding the activity: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

- Parents, please enclose a statement in 100 words or less explaining the circumstance of need for these funds for your child, so that she may participate in this clinic or program.
- Return this form, your statement, and a completed copy of the registration form at least two weeks prior to the application deadline to the address above.
- The maximum the fund will provide is 50% of the cost of the program/equipment.
- Allocations will be decided on an individual basis. Recipients will be notified if funds have been granted.
- Use a separate form for each child.

Applicant's Signature: \_\_\_\_\_

Parental Signature: \_\_\_\_\_

Date: \_\_\_\_\_