

**FENCING INSTITUTE OF TEXAS, INC.**  
**Application for Financial Assistance**

Fencer's Name(s) \_\_\_\_\_ Today's Date \_\_\_\_\_

Dear Applicant:

**Financial assistance (scholarships and grants)** are made available to individuals and families who are unable to pay the full cost of membership or programs. Through the generosity of Fencing Institute of Texas (FIT) members and others in the community we are able to provide financial assistance to individuals who need it. We are not able to provide assistance that covers the total cost of a membership or program, so, if your application is approved, you will be asked to contribute an amount determined by our eligibility rating system. Financial assistance may not be available for all membership categories or programs and will be allocated as funds permit. Financial assistance may not be used for equipment purchase, tournament entry fees, tournament coaching fees, or monies paid to third parties other than FIT, including FIT coaches. **A financial assistance scholarship is not continuous; therefore, you will be required to complete a new application and submit the requested paperwork prior to 30 JUNE of each year.**

In order for your application to be considered by the review committee, you must provide proof of income including a copy of: **(1) your Federal and State Income Tax forms, (2) a copy of your two most recent pay stubs, and (3) a copy of your most recent W-2 earnings.** Incomplete applications will be returned to the applicant. (Please black out social security numbers.)

**I. TYPE OF PROGRAM ASSISTANCE YOU ARE APPLYING FOR: (PLEASE CHECK ONE)**

- Tuition Assistance
- Work-Study: Number of hours you are willing to commit per week \_\_\_\_\_
- Other: \_\_\_\_\_

**II. PARENTS AND ADULT FENCERS, TELL US ABOUT YOURSELF AND YOUR FAMILY**

- Married     Divorced     Widowed     Single     Legally Separated

Your Name: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_      Work Phone: (\_\_\_\_) \_\_\_\_\_

Are you employed?     No     Yes:     Full-time     Part-time

If yes, name of employer: \_\_\_\_\_

If no, please explain why: \_\_\_\_\_

If married, is your spouse employed?     No     Yes:     Full-time     Part-time

If yes, name of employer: \_\_\_\_\_

If no, please explain why: \_\_\_\_\_

Are you a college student?     Full-time     Part-time

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Name of college: \_\_\_\_\_

Are you receiving financial aid for tuition and/or housing costs?    Yes    No

Tuition: \$ \_\_\_\_\_    Housing: \$ \_\_\_\_\_

If married, is your spouse a college student?    Full-time    Part-time

Name of college: \_\_\_\_\_

Is your spouse receiving financial aid for tuition and/or housing costs?    Yes    No

Tuition: \$ \_\_\_\_\_    Housing: \$ \_\_\_\_\_

**III. PROGRAM(S) YOU OR YOUR CHILD(REN) ARE ENROLLED AT FIT** (list names of all enrolled)

- Novice/Page Program: \_\_\_\_\_
- Beginner/Squire Program: \_\_\_\_\_
- Intermediate: \_\_\_\_\_
- Fitness Fencing: \_\_\_\_\_
- Historical/Victorian: \_\_\_\_\_
- Wheelchair: \_\_\_\_\_
- High Performance Group: \_\_\_\_\_
- High Performance Package: \_\_\_\_\_

**IV. MONTHLY GROSS INCOME** (Income is money from any source received by any person living in your household.)

Your monthly gross income: \$ \_\_\_\_\_    Your spouse's monthly gross income: \$ \_\_\_\_\_

Additional monthly income from other sources (please explain): \_\_\_\_\_

Medicaid assistance: \$ \_\_\_\_\_                          Food Stamps: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**V. YOUR MONTHLY EXPENSES** (List all major items such as mortgage, rent, credit cards, auto loans, miscellaneous loans, transportation, medical, etc.)

Item	Amount	Balance	Item	Amount	Balance

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VI. PLEASE LIST ALL HOUSEHOLD MEMBERS

Name	Relationship	Age	Employer/School

VII. HAVE YOU EVER RECEIVED FINANCIAL ASSISTANCE FROM FIT?

If yes, when? \_\_\_\_\_

VIII. SINCE WE DO NOT PROVIDE FINANCIAL ASSISTANCE THAT COVERS THE TOTAL COST OF THE MEMBERSHIP OR PROGRAM, PLEASE TELL US WHAT YOU CAN CONTRIBUTE.

\$ \_\_\_\_\_

IX. **Work-Study:** List Days and times you are willing to commit:

- Monday \_\_\_\_\_
- Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_
- Thursday \_\_\_\_\_
- Friday \_\_\_\_\_
- Saturday \_\_\_\_\_

Skills you have (office, etc.): \_\_\_\_\_

X. ATTACH ANY ADDITIONAL INFORMATION OR DOCUMENTATION THAT WILL ASSIST THE REVIEW COMMITTEE IN EVALUATING YOUR APPLICATION FOR A FINANCIAL ASSISTANCE SCHOLARSHIP.

XI. PLEASE READ AND SIGN:

The information that I have provided on this form is accurate and current to my knowledge; **any misrepresentation of information is immediate grounds for denial or discontinuance of financial assistance.** If required, I agree to provide additional documentation to verify my need for financial assistance. I understand that the FIT attempts to award financial assistance to as many qualified applicants as possible, to the extent that funds are available. I understand that the FIT does not award financial assistance that covers the total cost of a membership or a program. Additionally, I understand that not all programs, sessions or membership categories may be available at the time of my application for financial assistance.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_

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Coach Approval:  Yes  No

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Request Approved  Start Date: \_\_\_\_\_

Total amount of Scholarship: \$ \_\_\_\_\_ Percent Covered: \_\_\_\_\_%

For:  Tuition Assistance

Work-Study Times:  Monday \_\_\_\_\_  Tuesday \_\_\_\_\_  
 Wednesday \_\_\_\_\_  Thursday \_\_\_\_\_  
 Friday \_\_\_\_\_  Saturday \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request Not Approved

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am a Representative of the FIT Board of Directors and attest that this document in its entirety was presented and reviewed by the Board of Directors Review Committee.

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

Notification letter mailed/emailed on (date): \_\_\_\_\_