



Application for Funding

MVP-SOS is dedicated to helping those that do not have the financial ability to participate in extra-curricular activities, sports or classes. All application information is confidential. Please allow 30 days to review.

Date _____

Name and Age of Individual Applicant: _____

Parent or Guardian: _____

Mailing Address: _____

Email Address: _____

Phone: _____

Name of Program: _____

Schedule of Program in months: _____

Total Amount of Registration Cost: \$ _____

Due Date: _____

Name of Organization Voucher should be made payable to:

Special financial circumstances:

To be considered for funding the first 2 pages of the parents/guardians most recent tax return (and Schedule C if applicable) must be submitted with this application. Please black out all social security numbers.

Mail application with financial information to:
MVP-SOS • PO Box 1146 • New Milford, CT 06776
Please see our website www.mvpsos.org for more information.

As a recipient, please help us spread the word by sharing your experience with friends on our [Facebook](#) page or website.