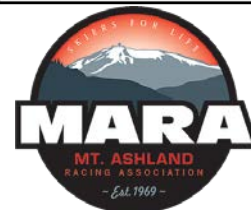


MARA
Mount Ashland Racing Association



SUBJECT: FINANCIAL ASSISTANCE FOR ATHLETES

MARA APPLICATION FOR FINANCIAL ASSISTANCE "FA"

Please mail this Application for Financial Assistance to:
Financial Assistance Committee C/O MARA
PO Box 953
Medford, OR 9750

Parent(s) Requesting FA: _____, _____

Parent(s) Phone #: _____ Email Address: _____

Name(s) of Athlete(s)/MARA Program:

_____/_____, _____/_____

_____/_____, _____/_____

HOUSEHOLD MEMBERS

(Name, relationship, and age)

1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____

Does anyone own a home, land, or non-resident property? ____ Yes ____ No (If yes, complete next section)

Date Purchased _____ Market Value _____ Name(s) on deed _____

Property Address (Include city, state & zip)

Date Purchased _____ Market Value _____ Name(s) on deed _____

MONTHLY HOUSEHOLD INCOME

Wages _____

Social Security _____

Pensions _____

Social Security Disability _____

Rental income _____

Other Disability _____

Unemployment Compensation _____

Workers Compensation _____

Child Support _____

Alimony _____

Other (describe) _____

Currently Employed __ (Y) / __ (N) (if no, list reason for dismissal from last employment) _____

Employer _____

Employer Phone # _____

Dates of employment _____

Employer Address _____

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Financial Assistance Application

Page 2

MONTHLY HOUSEHOLD EXPENSES

Mortgage / Rent _____ Insurance _____ Auto Loan _____
Property Taxes _____ Credit Cards _____ Electric _____
(City, County, School) (Combine monthly)
Gas/Oil (home heating) _____ Water _____ Telephone _____
ATV/Boat/Trailer _____ Other _____ Other _____

MONTHLY MEDICAL EXPENSES (OPTIONAL)

Bills _____ Prescriptions _____ Equipment _____

Was the Athlete(s) in MARA the previous season? ____ Yes ____ No

Was the Athlete(s) a recipient of a MARA scholarship in past seasons? ____ Yes ____ No

IMPORTANT: Please take the space below to explain your financial situation and why you believe your child merits consideration for financial assistance.

Requests for financial assistance and all financial information submitted are kept in strict confidence. Only members of the Financial Assistance Committee will be aware that you have applied for assistance.

I understand that falsification or non-completion of the above information will result in a denial for financial assistance and I will be liable for full payment.

Signature: _____

Date: _____

Financial Assistance Committee Use Only

Date Received: _____ Date Approved _____ Assistance Approved: \$ _____ Approved

By: _____ , _____ , _____

Signature: _____

Date: _____