



TORO YOUTH ATHLETICS, INC

1172 South Main Street #256 Salinas, Ca 93901

www.torobulls.com

Toro Bulls Financial Assistance Application

This application is confidential and will be reviewed only by the Board of Directors of Toro Bulls.

Name(s) of Child/Children Requesting Assistance	Age	Program (Cheer) (Football)
_____	_____	_____
_____	_____	_____

Parent Information:

Father's Name: _____ Phone: _____

Address: _____

Occupation: _____ Employer: _____

Hours Worked Per Week: _____

Mother's Name: _____ Phone: _____

Address: _____

Occupation: _____ Employer: _____

Hours Worked Per Week: _____

Household Information

Name and ages of other children in your family: _____ Others living with or supported by your family

Name: _____ Age: _____ _____

Name: _____ Age: _____ _____

Name: _____ Age: _____ _____

Please explain current hardship:

**** If assistance is granted, parent(s) must work 15 hours per season (July through November) ****

**Submit completed application to:
Toro Bulls Football & Cheer
1172 South Main Street, #256
Salinas, CA 93901**

