



20th Anniversary

Sports Funding Program Application To be Completed by DCFS Pasadena/Glendale CSW Only

Please review guidelines before completing this form. You may email the form and any questions to fcpsportsfunding@gmail.com

Nominee Name (First, last, and
middle *initial* if membership fees required: (first name and **last initial** otherwise.)

Age Youth Status (current, former, transition age foster youth)

Participating Sport(s)
And Items Needed

Item(s) (include online link if available)

Amount

Amount(s) Requested
Itemized. Add Extra
Page if Needed

\$

Additional Information

Name & Address (or website) of Team or Other Entity (*required*)

Address (street, city, state, ZIP code)

Have Other Resources, Such as DCFS Been Explored? **Yes** **No**

If DCFS Funds Have Not Been Explored, Will They Be? **Yes** **No**

If Not, Why Not?

Did Other Resources Cover Any Costs? **Yes** **No**

If Yes, How Much?

Application Completed by (Name & DCFS Title)

Phone Number Email

Signature