



FCCJC EQUIPMENT REIMBURSEMENT REQUEST

In order for your application for reimbursement to be considered, payment must be attached (cash, check or credit card) and the form below completed in full. Special circumstances may allow an exception to the payment requirement (contact the FCCJC office for instructions in this instance). The FCCJC Finance Committee will review, approve or reject all requests including exceptions. In making that decision, the committee may request additional information, a personal interview or both. All requests will be kept confidential by FCCJC and its designees.

Parent/Guardian Printed Name _____

Name of Child _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Number _____

Cell Phone _____ Email _____

Grade _____ High School Attendance Area _____ School Child Attends _____

Number of persons in household: Adults _____ Children _____ (list ages: _____)

Children participate in free or reduced school lunch program: ____ Yes ____ No

Household Monthly Income: \$ _____

Reason for Request (please explain in detail and use additional paper if necessary)

Parent/Guardian Signature _____ Date _____

PERSONAL KNOWLEDGE: YES NO
RECOMMEND APPROVAL: YES NO

Area Director Signature

FCCJC OFFICE USE ONLY

(signature)

FOOTBALL AND CHEERLEADING CLUB OF JOHNSON COUNTY, INC.

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