



MVP-SOS APPLICATION FOR FUNDING

MVP-SOS is dedicated to helping those that do not have the wherewithal to participate in after-school activities, sports or classes.
Our mission is to provide funding to New Milford children who have financial need.

Please allow 30 days for the application to be reviewed and processed.

Name and Age of Individual Applicant: _____

Parent or Guardian: _____

Mailing Address: _____

Email Address: _____

Phone: _____

Total Amount of Funding Required: \$ _____

Registration Fee: \$ _____

Amount of Funding Requested: \$ _____

Additional Costs: \$ _____
(if applicable)

Date Monies Needed: _____

Description of Activity:

Any Special Circumstances:

Other Sources of Funding and or Monies Raised:

Name of Organization Check should be made payable to: Address:

Please Note: The following items must be attached for funding to be considered:

Copy of your most recently filed tax return including the Schedule C if applicable. We will also accept a copy of the lunch assistance letter sent from the NM School Superintendent.

Please allow 30 days for the application to be reviewed and processed.

Forward application to MVP-SOS • PO Box 1146 • New Milford, CT 06776
Please see our website www.mvpsos.com for more information.