

**FCTY Income & Employment Form**

*Please provide* ***ALL*** *the information requested below. Incomplete forms will not be processed. All information will remain confidential. Please note that there are two pages to this form.*  ***Only one Income & Employment Form per household is required.***

**Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1.** **Where are you currently employed?**

***Parent #1*** employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you employed full-time or part-time: full-time \_\_\_\_\_\_\_\_\_ part-time \_\_\_\_\_\_\_\_\_\_

Are you self-employed? Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Parent #2*** employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you employed full-time or part-time: full-time: \_\_\_\_\_\_\_\_\_ part-time: \_\_\_\_\_\_\_\_\_\_

Are you self-employed? Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Did anyone in your household receive public assistance in 2022 or is anyone currently receiving public assistance in 2023? (check all that apply)**

 **2022**  **2023**

AHCCCS or Medicaid \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Food Stamps or SNAP \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

School Lunch Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Supplemental Security Income (SSI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Temporary Assistance for Needy Families (TANF) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Housing Assistance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worker’s Compensation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Updated February 8, 2023 – FCTY Scholarship Program-- Charlie MacCabe – charliemacc2@msn.com*

**3. If you filed jointly,** list the adjusted gross income (AGI) that appeared on form 1040 of your 2022 Federal Income Tax Return. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. If you filed separately**, list the adjusted gross income (AGI) for each parent or guardian.

Parent/Guardian #1, AGI: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #2, AGI: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.** **Do you expect your income to increase, decrease or stay the same in 2023?**

 Increase \_\_\_\_\_\_\_\_ Decrease \_\_\_\_\_\_\_\_ Stay the Same \_\_\_\_\_\_\_

**6. Estimate your anticipated combined household AGI for 2023. (If parents filed separately, list the combined total anticipated 2023 AGI.) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. If you are self-employed, your Schedule C from your 2022 federal income tax return must accompany this application.** **List the gross income and net profit from your 2022 Schedule C.**

2022 Gross Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2022 Net Profit: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**8. If you were unemployed during 2022 or 2023,** list the months you were unemployed below for **each household member** 19 or older.

 2022 2023

 Months Unemployed (ex. Jan-Dec) Months Unemployed

Name1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe any specific problems or expenses that will adversely affect your ability to pay FCTY fees. For example, have you encountered unanticipated medical expenses from an illness or accident, had a death in the family, lost your job, or had your hours cut?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Send completed form to: Charlie MacCabe, charliemacc2@msn.com/7920 E. Birwood Rd., Tucson, 85750***

*Updated May 1, 2022 – FCTY Scholarship Program-- Charlie MacCabe – charliemacc2@msn.com*