



2010 FINANCIAL AID APPLICATION

Financial Aid Program Overview

The purpose of this application is to help us understand your specific situation so we can utilize our limited financial aid budget to help as many players & their families as possible. The information we are requesting will only be seen by our Financial Aid Committee. If your application is approved, and you receive financial aid, it is the expectation of the SLOSC that you will be required to assist the SLOSC with club functions (events, fundraising, administration duties, etc.).

Applicant Information

Players Name: _____ Age Group: U _____ Gender: ↓ Boys or ↓ Girls

Parents Name(s): _____

Address: _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please provide: (applications will be considered incomplete if the following paperwork is not attached)

The SLOSC request the following documents from each applicant before determining whether an applicant will receive any financial assistance.

- Two years tax returns (1040 or W-2), last 2 paycheck stubs and copies of any other financial assistance. All must be submitted with this application to qualify.

Please complete all information and answer all questions. This application is confidential

Family members living in household: (please only include people living in household)

1st Child's Name: _____ Age: _____ 4th Child's Name _____ Age: _____

2nd Child's Name: _____ Age: _____ 5th Child's Name _____ Age: _____

3rd Child's Name: _____ Age: _____ 6th Child's Name _____ Age: _____

Fathers Name _____ Employer _____

Employer Address _____ City _____ State _____

How Long Employed _____

Mothers Name _____ Employer _____

Employer Address _____ City _____ State _____

How long employed _____

Monthly take-home Combined income: _____

Are you currently receiving any financial assistance? ↓ Yes or ↓ No

If yes, what type and how much (AFDC, SSI, Child Support, Food Stamps, etc.)

Type _____ Monthly Amount _____

What amount are you able to pay towards your fee: _____

The statements I have given are true and correct. I have read and agree to the above conditions for program assistance.

Applicants Signature(s) _____ Date: _____