



# Apex Soccer Club Financial Aid Request

Team \_\_\_\_\_

Player's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ E-MAIL \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ E-MAIL \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Total Family Income: \_\_\_\_\_

Attach copy of most recent tax return.

Family Size: \_\_\_\_\_ Ages of other Children \_\_\_\_\_

Are any other children in your family playing a club sport? \_\_\_\_\_

If so, who, where do they play and cost. \_\_\_\_\_

I am able to pay \$ \_\_\_\_\_ of the annual club fees.

I am able to pay \$ \_\_\_\_\_ on a monthly basis.

I declare that the above statements are true and correct to the best of my knowledge and will be used solely to determine need for financial aid. I understand that this information regarding my eligibility will be reviewed only by representatives of the Apex Board of Directors for the financial administration of the Apex Soccer League. I understand that this request will not be reviewed until all documentation is submitted and all forms are dated and signed by me. If needed, I understand that I may be asked to supply other records (pay check stubs, bank records) to determine eligibility. I will notify the Apex Soccer League if there is a change in my income, employment, or reason for needing financial assistance. I understand that failure to do so, will be cause to loose any financial assistance now or in the future.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Relationship to player

\_\_\_\_\_  
Date