Fairhope Soccer Club Financial Aid Application

Player's Name:	Gender
Applicant's Name	
Current Employer	
Current Employer Contact Info	
Do you have any other children playing soccer? Yes	No
If yes, which program	
Annual Family Income:	
Less than \$30,000\$30,000\$50,000\$50,000	\$70,000More than \$70,000
Do you qualify for public assistance? Yes No	If so, please attach documentation.
Have you applied for FSC financial aid before? Yes No	
If yes, how much aid did you receive? \$	
***** All applicants MUST write an explanation or circumstances for requesting financial assistance from FSC. Please email your explanation along with your application to Jacque Boyer, Club Admin-clubadmin@fairhopesoccerclub.com. All information provided is kept private and confidential.****** I, the undersigned hereby apply for financial assistance on behalf of my child who will be committing to play for the above team for the current season. I, the applicant certify that the above information is true and correct to the best of my knowledge. I, acknowledge that financial opportunities are not guaranteed by the Fairhope Soccer Club but are an effort to assist players with their dependent on the number of applicants and available funds.	
In consideration of receiving financial aid from Fairhop hours during playdates, tournaments &/or any c	
I understand that if my employment and/or financial situation changes, I will immediately notify Fairhope Soccer Club of such changes.	
I, the applicant understand that are responsible for the amount due after financial aid is awarded, as well as any additional costs that are not included in player fees. (Uniform and equipment costs and any additional tournament costs that your team may participate in.)	
All financial aid requests are confidential and are reviewed by our club admin and financial aid committee. Additional information may be needed upon request.	
Signature of Applicant	Relationship to Player
Date	