Max In Motion Grant

Please print clearly. Not all players will be approved

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Player Last Name as listed on Birth Certificate	e
Player First Name as listed on Birth Certificat	
Player Date of Birth	
Player's School Name	
Grade player will be entering this Fall	
Name of Club player was registered to this p	ast season 16/17
Parent/Guardian 1 first and last name	
Parent/Guardian Home full address including	City, State, Zip Code
Parent/Guardian 1 phone	
Parent/Guardian 1 email address	
Parent/Guardian 1 occupation	
Parent/Guardian 1 employer	
Parent/Guardian 1 is self employed?	Yes or No
Parent/Guardian 1 Employer phone number	
Parent/Guardian 2 first and last name	
Parent/Guardian 2 phone	
Parent/Guardian 2 email address	
Parent/Guardian 2 occupation	
Parent/Guardian 2 employer	
Parent/Guardian 2 is self employed?	Yes or No
Please enter the number of dependents repo	rted on your 2016 Federal Tax Return.
Please enter the number of dependents as re	eported on Line 6d on Form 1040A or Form 1040
Total Income. Please enter the amount from	your 2016 IRS tax form 1040 line 22 or from your 2015
IRS tax form 1040A line 15	
Monthly Child Support Received	
Monthly Alimony received	

Please provide Financial Aid Circumstances for this Players application:	
List all community service you have performed in the last year.	
Academics are very important to the MaxInMotion® program. Players must	
carry a minimum of 3.0 GPA in the most recent report card to be eligible to receive an award.	
Do you have a 3.0 GPA on the most recent report card	
Yes or No	
Clubs must submit requested attachments, Parent/s W2, Parent/s Federal Full Tax Return, including schedules, and most recent Player report card to Arizona Youth Soccer Association by the deadline of 7/28/17 by 4:00 pm for consideration to the MaxInMotion® Committee. Incomplete applications will not be considered.	
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Documents may only be submitted by the Club. NO Exceptions. Applicants may be required to	
provide additional information upon request, and understand that submission of additional information is required to process the application.	
Not all applicants are accepted. The MaxInMotion® Committee reserves the right to Not all applicants	
are accepted. The MaxInMotion® Committee reserves the right to investigate and approve applications in accordance with the best interests of MaxInMotion® and Arizona Youth Soccer Association.	
All Financial information will be kept confidential and used only to evaluate applications.	
Please note, no Travel Expenses of any kind will be considered or provided as part of the MaxInMotion® Financial Aid program.	
By Submitting this application and checking the following box, I affirm that the facts set forth in it are true and compete. I understand that if my application is accepted, Arizona Youth Soccer Association and MaxInMotion® may use any content and my child's likeness for use on its website, publications and/or any advertisements.	
By signing you are allowing Arizona FC to Submit your information to AYSA, GotSoccer and Max in Motion.	
Parent/ Gaurdian Signature: Date:	