



## WASA SOCCER CLUB FINANCIAL AID APPLICATION

Wild About Sports Academy Soccer Club (WASA SC) grants Financial Aid based on need and available funds. Please complete this application form so that we can fairly evaluate our various members' needs.

### PLAYER INFORMATION

PLAYER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

STADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ CURRENT SCHOOL: \_\_\_\_\_ CURRENT

GRADE: \_\_\_\_\_

TEAM AGE GROUP, GENDER & NAME: \_\_\_\_\_

COACH: \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION PARENT/GUARDIAN #1

NAME: \_\_\_\_\_

PHONE (MOBILE): \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ YEARS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

INCOME: \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION PARENT/GUARDIAN #2

NAME: \_\_\_\_\_

PHONE (MOBILE): \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ YEARS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

INCOME: \_\_\_\_\_

Please list any other children in your family who are registered with the Montclair Soccer Club:

PLAYER'S NAME: \_\_\_\_\_ DATE OF BIRTH: //

TEAM AGE GROUP/GENDER: \_\_\_\_\_

COACH: \_\_\_\_\_

PLAYER'S NAME: \_\_\_\_\_ DATE OF BIRTH: //

TEAM AGE GROUP/GENDER: \_\_\_\_\_

COACH: \_\_\_\_\_

Level of Financial Aid requested(Circle):                      up to 25%                      up to 50%                      up to 75%

In the past year did your family receive financial aid from any of these programs?  
(Check if applicable)

- ☐ Free or reduced price school lunch.  
☐ Supplemental Nutrition Assistance Program (Food Stamps)  
☐ Financial aid for school or other sports organizations (please specify)

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WASA Membership payments can be made with monthly installments. If this still does not help your current financial situation please briefly explain why you are requesting financial aid. Please add additional sheets if necessary.

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We ask members to support MSC through volunteering. In which areas are you committed to help?

Team Manager                      Fund Raising                      Other (please specify): \_\_\_\_\_

Please complete this application in full and include the following documents: • Any documentation that demonstrates a need for financial aid. Documents may include Most recent taxes / Proof of Income/ Acceptance letter for free/reduced lunch. All information provided with this application will be held in the highest confidence. All supporting documents will be shredded once the amount of financial aid has been determined. Please white out any social security numbers. Please scan and e-mail this signed application and supporting documents to [financialaid@wildaboutsportsacademy.com](mailto:financialaid@wildaboutsportsacademy.com). WASA has limited funds available for financial aid. Your honesty in completing this application will ensure that these funds are allocated to those families most in need. Everything stated in this application is true and complete to the best of my knowledge.

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

Signature:\_\_\_\_\_Name:\_\_\_\_\_Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_