



ATHENS UNITED SOCCER ASSOCIATION

Player's Name _____	Gender	Male	Female
Birthdate _____			
Team Age _____	Team Level _____	Coach _____	
Has the player played for Athens United previously: Yes No If yes, how many years? _____			
Do any siblings play for Athens United? Yes No If yes, name of player(s) _____			
Player's address _____			
City _____	State _____	Zip _____	
Home phone _____	Number in household _____		
Father's name _____	Father's cell phone _____		
Occupation _____	Employer _____		
Work phone _____	Email address _____		
Mother's name _____	Mother's cell phone _____		
Occupation _____	Employer _____		
Work phone _____	Email address _____		
Parents' annual income (from line #37 of federal tax return) _____			
Others' annual income (spouse, relative, friend living with you) _____			
Child Support _____	Alimony _____		
Unemployment _____	Social Security Benefits _____		
_____	Food Stamps _____ Housing Assistance _____		
_____	TANF _____		

INCOME: YOU MUST INCLUDE a copy of each parent's previous-year tax return, Form 1040, 1040A, or 1040EZ, pages 1 and 2. If you are reporting business income on your 1040, also include the Schedule C of the 1040. **PLEASE BLACK OUT ALL SOCIAL SECURITY NUMBERS BEFORE SUBMITTING PAGES OF TAX RETURN**



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Please write a paragraph stating the reason for your request for financial assistance. Provide any information that may

You will be notified whether your application has been approved and for what amount.

FINANCIAL ASSISTANCE WILL NOT BE CONSIDERED unless application is submitted and complete with tax return.

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION WILL REQUIRE IMMEDIATE PAYMENT OF THE PLAYER FEES OR APPROPRIATE SANCTIONS WILL BE TAKEN.

Name of person requesting aid (please print) _____

Signature of person requesting aid _____

Date _____

COMPLETED APPLICATIONS and TAX RETURN can be submitted in one of the following ways:

MAIL: Athens United Soccer Association
2350 Prince Ave Suite 1
Athens, GA 30606

FAX TO: 706-353-2557

SCAN AND EMAIL TO: ausafinancialaid@gmail.com

If you have any questions, please call us at 703-353-2241 or email the Administrator at ausamanager@gmail.com.