

EDEN PRAIRIE SOCCER CLUB PASSION • RESPECT • EXCELLENCE

Financial Aid Application

Applicant (Player) Name:		Team:
Describe need for financial aid:		
Financial aid requested: \$		
Requesting payment plan? No Yes Bi-Monthly (SEP/NOV/JAN/MAR) Monthly (SEP-APR)		
Parent/Guardian:		Street:
Email:	Phone:	City & Zip:
Parent/Guardian:		Street
Email:	Phone:	City & Zip:
Number of persons in household:	Children:	Adults:
What was the adjusted gross income for last tax year or net household income for families not filing a tax return?	□ Less than \$20,000 □ \$20,000 - \$40,000 □ \$40,000 - \$60,000	Indicate assistance family receives ☐ Subsidized housing ☐ Food stamps ☐ Medical assistance
If parents live apart and file tax forms separately, what is the combined adjusted and/or net income?		\$
Applicant's school:		
If private school, do you receive financial assistance?		If yes, please indicate amount:
All applications must include documentation demonstrating proof of need. As stated in the EPSC Financial Aid Policy, proof of need is established through submission of the applicant's family's most recent Federal income tax return (complete with schedules). Additional documents that may be submitted to establish proof of need include current pay stubs for the applicant's parents or guardians.		
All documentation must be submitted prior to the Due Date of the Program Fee(s) you are requesting assistance for (generally August 15 for teams forming after Summer tryouts – and after formation of teams after Winter/Spring tryouts). Please submit complete application to: EPSC 6484 Carlson Drive Eden Prairie, MN 55346		
OR Email: FinancialAid@epsoccerclub.com		
Parent/Guardian Signature		Date
EPSC Office Use Only Date received: Approved B	y:Fina	ancial aid amount approved: \$