



## Southwest Virginia RUSH Soccer Club

### FINANCIAL AID APPLICATION FORM

#### **PART 1: Player and Family**

Player's Name: \_\_\_\_\_ Team: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Step Parent's Name (if residing with Player): \_\_\_\_\_  
 Does Player receive child support? Yes / No Amount: \_\_\_\_\_

#### **PART 2: Housing**

For Player's primary residence, please check one:  Own  Rent  Public Housing  
 Mortgage or Rental Monthly Payment: \$ \_\_\_\_\_

#### **PART 3: Support**

Does your family receive Aid to Families with Dependent Children: Yes / No  
 Does the Player receive Free or Reduced Cost Lunch: Yes / No

#### **PART 4: Income**

Father's Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_  
 Mother's Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_  
 Occupation of Step-Parent residing with Player: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_

#### **PART 5: Request**

What Percent or Amount of the Participant's Fee are you requesting financial assistance?  
 Percent: \_\_\_\_\_ (10-100%) Or Amount: \_\_\_\_\_

#### **PART 6: Other**

Is there any additional information you would add to assist in an evaluation? Explain any unusual expenses such as high medical expenses, educational or other debts, or special circumstances --

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUBMIT WITH THIS APPLICATION YOUR MOST RECENT:  
 IRS 1040 or 1040-A - LINE 7 or 1040-EZ - LINE 1

**PART 7: Submission**

The undersign represents that all of the information contained herein is true & accurate and the undersigned further acknowledges any financial aid that may be granted under this application will be forfeited in the event the information herein is determined to be materially false.

Everyone giving information on this form must sign below:

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Father/StepFather/Guardian Signature

Date

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Mother/StepMother/Guardian Signature

Date

THIS FORM MUST BE RETURNED TO THE RADFORD SOCCER CLUB SW  
SWVA RUSH SOCCER CLUB  
P.O. BOX 1773  
RADFORD, VA 24143

Please Note: If a parent is currently unemployed and attending college full time (semester-15 hours, quarterly-12 hours), please submit a current transcript.

Limited funds are available. All financial aid requests will be reviewed by a committee and will be kept confidential. Applications will be notified of status of application as quickly as possible.

Past applicants approved for financial aid, MUST reapply every year, with complete and current documentation.

DO NOT WRITE IN THIS SPACE  
OFFICE USE ONLY!

Application Received Date:

Application Complete: Yes / No

Financial Aid Approved for:

Note:

Financial Aid Declined because:

Player / Family Notified: