



# Shenandoah Valley United, Inc.

For All SVU Programs (Travel, Recreation, Camps/Clinics)

## Financial Aid Application

All financial aid requests will be reviewed by a committee and kept confidential. Past applicants approved for financial aid **MUST** reapply every year, with complete and current information.

**Submit Applications to the SVU Support Team:**  
**Email to: support@shenvalleysoccer.com**  
**Mail to: SVU Soccer, 325 Cornerstone Lane Harrisonburg, VA 22802**

Season: \_\_\_\_\_ Birth Year: \_\_\_\_\_  
Team/Division: \_\_\_\_\_ Amount of aid requested: \_\_\_\_\_

### Player Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
DOB: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_  
Will Child Need New Uniform: \_\_\_Y or \_\_\_ N

### Primary Parent Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ (cell) \_\_\_\_\_ Email: \_\_\_\_\_

### Secondary Parent/Guardian/Contact Info:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ (cell) \_\_\_\_\_ Email: \_\_\_\_\_

### Financial Information

Please Check One: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Public Housing  
Mortgage/Rent Payment: \$ \_\_\_\_\_  
Household size (number of immediate family members living at players home) \_\_\_\_\_

Name of household members	Relationship to player	SVU Player? Y/N or N/A

**Financial Information- Continued**

Does the player's household receive state financial aid?

\_\_\_\_ Medicaid      \_\_\_\_ SNAP      \_\_\_\_ TANF

If you selected any of the above, please provide the amount of the aid you receive per month: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Income: \$ \_\_\_\_\_ /per month

Mother's Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Income: \$ \_\_\_\_\_ /per month

**A copy of one or more of the following forms must be submitted along with your application:**

- \_\_\_\_\_ Proof of eligibility for Medicaid, TANF, SNAP (if applicable)
- \_\_\_\_\_ 2016 U.S. Federal Tax Return (Form 1040) or, if not yet filed
- \_\_\_\_\_ 2016 W-2 or 1099 Misc. forms for both parents/guardians
- \_\_\_\_\_ Copy of latest paystub/ child support

Failure to provide any information in this application may result in a delayed approval status. Financial Aid awards will be based on the number of players demonstrating need, the extent of need and the budget for Financial Aid in a given Soccer year. Financial Aid funds are LIMITED and will run out.

By signing, I am stating that all information is true and accurate. I acknowledge that any financial aid that may be granted under this application will be forfeited in the event that the information herein is determined to be materially false.

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Amount of Aid Approved: \_\_\_\_\_ Date Family Notified: \_\_\_\_\_