

FINANCIAL AID APPLICATION - 2018

PLAYER NAME:	Birth Year:
PARENT NAME(S):	
ADDRESS:	
CITY:	STATE:ZIP:
PHONE 1:	PHONE 2:
EMAIL:	OTHER PLAYERS IN CLUB: <u>YES</u> / <u>NO</u>
on total household income and is limited agreed with the club will result in respons	ot eliminate them. Families should understand that financial assistance is based by budgeted funds and aid requests. Failure to make monthly payments as sibility for full amount of club fee. It is also understood that this assistance is it cover individual fees such as tournaments, travel, coach per diem, only Club Fees.
processed without them.	icable
Please initial below to confirm you are awa	re of and agree to the terms of financial assistance from Eastside Timbers.
I understand that the balance of m	y child's club fees are due by February 15, 2019.
I understand that I will need to pro-	vide up to 12 hours of volunteer service for the club.
	to these requirements will result in the financial assistance offer being revoked leaving of the annual club registration fees.
knowledge and that I do not have additional ind documentation to support the above statemen	information provided with this application are correct and complete to the best of my come not represented above. I agree, if necessary, to send in additional information and its. I understand that if I falsify any of the above information, I will not be eligible found I must make a \$50 monthly payment, starting June 15, 2018, regardless if I have
PARENT SIGNATURE	DATE

THE DEADLINE FOR RETURNING ALL FORM IS June 15, 2018

Applications will NOT be considered unless ALL required items are included and complete

Please mail this form along with financial documents and deposit to:

Eastside Timbers, Attn: Financial Assistance, 510 NE Roberts Ave. #200 Gresham, OR 97030

This Application is not a promise or guarantee of any financial assistance being awarded.

For office use only: Dep	Date Submitted	