



APPLICATION FOR FINANCIAL AID PROGRAM
Clarksville Soccer Club
2021-2022 Season

PLAYER INFORMATION

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____ Age Group: _____ Team: _____

PARENT/GUARDIAN INFORMATION

Full Name: (1) _____ Full Name (2): _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Email (2): _____

Occupation: _____ Occupation (2): _____

Number of Children: _____ Number of Children Playing in CSC: _____

REASON(S) FOR REQUESTING FINANCIAL AID

Please briefly describe the reason(s) you are requesting financial aid at this time (limited income, special circumstances, hardship such as seasonal employment, temporary job loss/lay off or disability). Please include a copy of the household's 2020 tax return and any other documentation available to support the financial assistance request. The Clarksville Soccer Club has the right to request further information to verify financial need to determine qualification for financial assistance. Please ensure all financial commitments from the previous season are fulfilled prior to submission.

Please indicate if you are receiving any non-taxable income and how much: _____

Please indicate if your child participates (or will participate) in any training programs or private lessons outside of Clarksville Soccer Club and how much is paid (or will be paid) for those programs: _____

Please indicate how much financial aid is being requested (percentage of registration fees, annual club fee, and/or uniform expenses): _____

Uniform Size (Please Indication Adult or Youth): _____ **Players who received a uniform via financial aid (full or partial) for the 2020-2021 season are not eligible for a uniform scholarship for the 2021-2022 season. Players who receive a uniform for the 2021-2022 season will not be eligible for a uniform scholarship for the 2022-2023 season.**

This form is an application for consideration for the Clarksville Soccer Club Scholarship Assistance Program. I understand that submitting this form does not guarantee approval. The Board of Directors will review all applications and notification of the Board's decision will be provided in writing.

Parent/Guardian Signature: _____ Date: _____

***** All information will remain confidential. *****

Email scanned copies of all required information to: cscscholarshipfund@gmail.com

Subject: 2021-2022 Financial Aid Application