



Highline Soccer Club Application for Financial Assistance

Season
___ Fall
___ Spring
___ Other

Program description: Highline Soccer Club (HSC) is a non-profit youth soccer organization that offers a Financial Assistance program for youth participants who are in need of financial aid in order to play soccer in HSC. Each request for aid is considered on a per season basis and applies to registration fees only. Participants are required to purchase their own required shin guards and cleats. The amount of aid and number of family members/players receiving aid is dependent upon available funding and is not guaranteed from year to year.

Confidentiality: All gathered information is for the express and sole purpose of assisting the HSC Scholarship Committee in making financial assistance decisions. Scholarship requests are strictly confidential. Incomplete forms will not be considered.

Application for Financial Assistance

Parent/Guardian Information

Parent/Guardian Name: _____
Address: _____ City: _____ Zip: _____
Phone: (____) _____ Email: _____
Employer: _____ Employer Phone: (____) _____
Household Size: Number of Adults _____ Number of Children (Under 18) _____

Participant Information

1) Participant Name: _____ Gender: _____ Date of Birth: ____/____/____
School (Fall of Club Year): _____ Grade: _____
Special Needs: _____
Age Group: U- _____ Team/Player/Coach Request: _____

2) Participant Name: _____ Gender: _____ Date of Birth: ____/____/____
School (Fall of Club Year): _____ Grade: _____
Special Needs: _____
Age Group: U- _____ Team/Player/Coach Request: _____

Have any of the participant(s) above ever received financial assistance from the Highline Soccer Club? Yes [] No []

If yes, please list amount(s) and season(s): _____

Are any of the children in your household eligible for free or reduced lunch? Yes [] No []

Reason for Requesting Aid:

Financial Aid Requested:

Total Cost of Registration Fees \$ _____

Amount You Can Pay \$ _____

Total Financial Aid Requested \$ _____

I'm willing to volunteer? Yes [] No []

I certify that to the best of my knowledge that the above information is true and accurate.

Printed Name: _____

Signature: _____

Date: ____/____/____

For HSC Financial Assistance Committee Use ONLY

Request Approved: Yes [] No []

Amount Requested \$ _____ Amount Approved \$ _____

Required Family Contribution \$ _____

Notes:
