



EPSA Recreational Soccer

Request for Financial Assistance

Financial assistance is available to assist those players who are not able to afford the total costs associated with playing on their recreational league team. Therefore, EPSA allots a specific amount of money each year to help those families with recreational league players who need financial assistance.

Financial assistance for the recreational program is on a first-come, first serve basis and once the financial assistance funds are gone, no more aid can be given. In order to spread the assistance as far as possible, each family seeking aid must pay a portion of the total cost for their player(s).

The primary criterion for qualifying for financial assistance is eligibility/ participation in the Free and Reduced Lunch Program. When applying for financial assistance, please submit a copy of your letter with this request. In lieu of proof of eligibility/ participation in the Free and Reduced Lunch Program, applicants for assistance are asked to write a letter of explanation as to why they are seeking consideration for aid.

Applicants for financial assistance must be made by a player's parent or guardian. Financial assistance application will be held in confidence between the parent/ guardian and EPSA.

Contact EPSA Registrar with questions or for more information. Submit completed application to registration@edenprairiesoccer.org.

Primary Adult:	
Address:	
Email:	
Phone:	

Household member(s) seeking financial assistance (must be 18 years and younger):

	First Name:	Last Name:	Birthdate (Mo/Day/Year):	Gender: M / F	School Grade:
Applicant 1:					
Applicant 2:					
Applicant 3:					
Applicant 4:					

DEADLINE FOR SUBMISSION: Within one week of the end of the online registration period for the season that financial aid is being requested. Please remember that aid will be granted on a first-come, first served basis, based on acceptance of each requestor's reason for eligibility.

PARENT/GUARDIAN ACKNOWLEDGEMENT: By signing below, I acknowledge that I have read this form and understand the terms of being considered for financial assistance for EPSA recreational soccer programs. I also understand that there are certain expectations that I must meet as a recipient of financial assistance.

Signature

Date

For Office Use:	Approved By: _____	Amount: _____	Date: _____
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