



CONFIDENTIAL

APPLICATION FOR FINANCIAL AID – Please Fill Out All Areas

Player's Name _____ Age _____ Gender: M or F

Parent/Guardian Name(s) _____ E-mail _____

Address _____ City _____ Zip _____

Please list all children in your family participating in Saratoga Soccer (any programs):

Name _____ Age _____ Gender M or F

Name _____ Age _____ Gender M or F

Name _____ Age _____ Gender M or F

Please identify your total monthly household income: _____

What portion of the total fees can you contribute? _____ (can be paid on a monthly basis)

How much financial aid is requested? _____

Would you like to pay any balance thru an installment plan? Y or N

Please state your reason(s) for requesting financial aid (use an additional page if necessary):

I/We hereby request financial aid from Saratoga Soccer. I/We understand the amount of financial aid that Saratoga Soccer has available is limited. We have completed this form in its entirety and are requesting assistance for the amount we are not able to pay. Additional information to support request may be required. I/We certify that all information submitted on this application is truthful and accurate.

Signature of Parent/Guardian _____ Date _____

Amount Approved by Saratoga Soccer \$ _____ Approved by _____