

SAN ANGELO SOCCER ASSOCIATION FINANCIAL AID REQUEST FORM

DATE _____/_____/_____

ONE FORM PER FAMILY, PLEASE

PARENT'S NAME / _____

EMAIL _____

ADDRESS _____, _____, _____ PHONE _____

LIST ALL OTHER MEMBERS OF HOUSEHOLD: CHECK ALL THOSE THAT ARE PLAYING AND NEED ASSISTANCE:

	NAME	DOB	PLAYING
1.	_____	_____/_____/_____	<input type="checkbox"/>
2.	_____	_____/_____/_____	<input type="checkbox"/>
3.	_____	_____/_____/_____	<input type="checkbox"/>
4.	_____	_____/_____/_____	<input type="checkbox"/>
5.	_____	_____/_____/_____	<input type="checkbox"/>
6.	_____	_____/_____/_____	<input type="checkbox"/>

- ✓ **IF GRANTED, ALL APPLICANTS WILL RECEIVE A VOUCHER FOR A PORTION OF THE FEES TO BE USED AT TIME OF REGISTRATION.**
- ✓ **PLEASE PROVIDE THE FOLLOWING DOCUMENTS:**
 1. Last years' (or most recent) Tax Return with player(s) shown as dependents.
 2. Document of Benefits Received, if on Disability or Social Security
 3. If your income or the dependent status of the child has changed from your last Tax Return, submit any letters or documents explain the changes as well as copies of your last two pay stubs.
- ✓ **ALL FINANCIAL AID MUST BE COMPLETED BEFORE REGISTERING AND BEFORE REGISTRATION DEADLINE.**
- ✓ **THIS FORM IS GOOD FOR ONE (1) SEASON ONLY. YOU MUST RE-APPLY EACH SEASON (FALL/SPRING).**

I certify that all the above information is true and correct. SASA may require additional information if needed. If it is found that any information is falsified within this document then I will lose my eligibility for financial aid for this season and possibly future seasons. I also agree to the terms of the Financial Aid Agreement. If I fail to pay all outstanding balances owed, then I understand my child/children will be removed from their team and not allowed to play for the season.

Signature of parent _____

OFFICE USE ONLY

Approved _____ Denied _____ Date: _____/_____/_____ Amount: \$ _____.

Reason:

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APPROVED BY _____ TITLE _____