Financial Aid Application Information and Instructions

Please read all instructions and sign before filling out application

The Texoma Soccer Association awards financial aid to families who qualify based on income and family size. Please see below for further requirements and instructions.

What it covers: Financial aid only covers the cost of registration and standard uniform. All equipment or other supplies needed for participation are the responsibility of the player/parent unless otherwise specified.

Deadlines: Applications for financial aid are due no later than 1 (one) week prior to the end of *regular* registration. All applications *MUST* be turned in by the deadline. Applications will not be accepted after the deadline has passed. There will be no exceptions.

Applicants must re-apply every season.

Required documentation: All required documentation must be submitted at the same time as the application. We will not accept applications that do not have the proper documentation attached. Required documentation is as follows:

1. INCOME DOCUMENTATION:

* copy of most current years' tax return

2. RESIDENCY DOCUMENTATION:

- * copy of most recent utility bill OR
- * copy of mortgage statement or rental/lease agreement

Application: All information must be complete and legible on the application. Any false or missing information may disqualify the child(ren) for financial assistance.

Registration: Your child(ren) will be registered by TSA personnel <u>AFTER</u> you have been notified of your application status (approved, partial award, or disapproved).

I have read and understand the above instructions for applying for financial aid.

SIGNATURE OF APPLICANT: ______

DATE: _____

Texoma Soccer Association

PO Box 3030 Sherman, TX 75091 www.texomasoccer.org

Application for Financial Aid

Date Received:

STEP 1: Fill out the financial aid application completely with the required documentation (see instructions on previous page) and submit to TSA by the posted deadline. Applications that are late or missing information will not be considered for financial aid.

STEP 2: Your child(ren) will be registered by TSA personnel <u>AFTER</u> you have been notified of your application status.

1. PRIMARY APPLICANT : The primary applicant is the main provider for the child(ren) seeking assistance.			
Your Name:			
First	Middle Initial	Last	
Social Security Number (optional):		Date of Birth / / /	
Street Address:		Apt / Unit #	
City:	State:	Zip Code:	
Home Phone: ()	_Work Phone: ()	Cell Phone: ()	
Email Address:			

2. OTHER ADULTS: Please list all other parents, step-parents, grandparents or guardians who live with the child(ren).

First Name	Last Name	Relationship to Child (Please circle one)			
		Parent	Step-Parent	Grandparent	Other
		Parent	Step-Parent	Grandparent	Other
		Parent	Step-Parent	Grandparent	Other
		Parent	Step-Parent	Grandparent	Other

3. DEPENDENT CHILD(REN): Please list *all* dependent children living in the primary applicant's home. Date of Birth Aid Requested Draft First Name Last Name Age Sex Jersey / Short Size Yes No Yes No _____ __/__/ _____ _____ __ __/__/__ Yes No Yes No ____ ____ __ __/ ___/ _____ Yes No Yes No _____

____ ___

__/__/

__ __/ __/ ____

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

4. INCOME: Please list all income received from all adults listed in sections 1 and 2 including, but not limited to, income from jobs, social security, child support, alimony and government assistance programs. We require a copy of the most current years' income tax return as proof of income.

Name of Pe	rson Receiving Money	Employer Name OR Sources of Income	How Much?	How Often	? (circle one)
				Weekly	Every 2 weeks
			\$	Twice a m	onth Monthly
First	Last				
				Weekly	Every 2 weeks
			\$	Twice a m	onth Monthly
First	Last				
				Weekly	Every 2 weeks
			\$	Twice a m	onth Monthly
First	Last				
				Weekly	Every 2 weeks
			\$	Twice a m	onth Monthly
First	Last				
				Weekly	Every 2 weeks
			\$	Twice a m	onth Monthly
First	Last				

I certify that the aforementioned information is true and complete to the best of my knowledge. I agree to inform the Texoma Soccer Assocation immediately of any changes in income or family size. I understand that false information will disqualify my family for financial assistance. *

Printed	Name
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Signature

* Texoma Soccer Association's financial aid is a privilege and we reserve the right to ask for additional information.

FOR OFFICE USE ONLY		
Approved Percentage:	%	
Amount TSA Will Pay: \$	Amount Applicant Needs to Pay: \$	
Approved By:	Date Approved:	