



COMPETITIVE FINANCIAL AID APPLICATION

Name of player: _____ Coach: _____ Team: _____

Please complete the information below. Attach a copy of the first page of the family's most recent federal tax return. If no income taxes were filed, check the appropriate box below. Failure to provide a completed application with supporting documents will result in this application not being considered for financial support.

A completed application and supporting documents **must be turned in to info@cityscfrederick.com to be considered for financial aid**. Families are responsible for the initial deposit/payment of 25% of the annual player registration fees. The maximum financial aid available is 50% of registration fees after the initial deposit payments.

List all household members, regardless of whether or not they have income. For separate households, each parent must complete an application and provide supporting documents. Indicate the amount and source of annual income of each household member.

Full Name of Family Member	Relation to Player	Gross Annual Earnings from Employment - Include all employment (1040 Line 1)	Gross Annual income from retirement/ social security	Annual income from food stamps, Calworks, FDPIR, alimony child support	All other Income	Total income (1040 Line 9)

☐ I have enclosed the following documentation that reflects my current income (W2s OR SCHOOL LUNCH LETTERS FOR FREE/REDUCED MEALS ARE NOT ACCEPTED):

- A copy of page 1 of my most recent tax return (1040)
- A copy of my most recent pay stub (include a pay stub for each working parent)

☐ I have paid the deposit

I hereby certify that all of the above information is true and correct and that all household income is reported. I further understand City SC may ask for further verification and failure to provide the information will result in this application not being reviewed for financial support from City SC. City SC must receive requested information within seven (7) business days. Failure to provide correct information may result in legal action.

Signature of Adult Applicant

Date

Telephone Number

Print name of Adult Applicant

Email Address

Address

City

Zip Code

Financial Aid Agreement

Please read the following terms and conditions carefully and sign the agreement below

I, _____, as parent or legal guardian of applicant player, attest and hereby
(Printed name of parent / legal guardian)
hold true that all of the information I have provided on this application for financial aid is true and accurate.

I fully understand and agree that should City SC award me financial aid under the terms of this agreement, the award shall be applied to the registration fees and the recipient of the financial aid scholarship is hereby committed to remain registered with City SC throughout the respective season, including post season play.

_____ Initial

I fully understand and agree that should the above named applicant leave or become unregistered with City SC, for any reason whatsoever, prior to the end of the season that as the above named Parent or Legal Guardian, I will be personally responsible for payment or repayment of the FULL registration fee including any financial aid or scholarship money that was allocated.

_____ Initial

I fully understand that I will not be released to play with another club until the above-mentioned registration fees, financial aid and scholarship funds and team fees have been paid in full.

_____ Initial

I fully understand and agree that should City SC award me financial aid the receiving team player agrees to:

- Attend all practices and games with their team
- Complete the entirety of the season including post season play
- Represent the club in a positive and responsible manner
- Participate in team & club functions and volunteer when needed
- Maintain a minimum of a 2.0 GPA during middle school/high school (GPA verification may be requested at any time)
- No guest play with competing teams outside of the club

_____ Initial

I fully understand and agree that should City SC award me financial aid under the terms of this agreement I may be required to volunteer up to 10 hours of work for the club.

_____ Initial

I fully understand that Financial Aid grants vary and will cover a maximum of 50% of registration fees after the deposit is paid and that financial aid does not cover additional team fees, tournament fees, or uniform costs.

_____ Initial

As the parent or legal guardian of the below named City SC financial aid applicant, I fully understand and agree to all terms, conditions and provisions, as set forth in this agreement and fully understand and agree that failure to comply with said terms, conditions and provisions, shall result in the forfeiture of any financial aid awards, regardless of them being classified as earned or unearned.

Signature of Parent / Legal Guardian of Applicant (Date)

Printed Name of Parent/Guardian

Printed Name of Financial Aid Applicant/Player

City SC Use Only

Recommendation by: _____

Recommended _____

Not Recommended _____

City SC Committee - Date _____