



Santa Rosa United Soccer Club

APPLICATION FOR FINANCIAL AID

CONFIDENTIAL

Application Date:

APPLICATION DEADLINE MAY 4th, 2019

PLAYER INFORMATION			
Last Name	First Name	Date of Birth	
Address	City	Zip Code	
School	Grade		
ADDITIONAL PLAYER REQUESTING FINANCIAL AID			
Last Name	First Name	Date of Birth	
School	Grade		
MOTHER/GUARDIAN INFORMATION			
Last Name	First Name		
Address (if different from above)			
City	State	Zip Code	
Home Phone	Work Phone	Cell Phone	
E-Mail			
FATHER/GUARDIAN INFORMATION			
Last Name	First Name		
Address (if different from above)			
City	State	Zip Code	
Home Phone	Work Phone	Cell Phone	
E-Mail			
LIST ALL CHILDREN THAT ARE REGISTERED WITH SRU OR OTHER CLUBS			
Name	Grade	School	Team Name

ASSESSMENT OF NEED:

Please state your reason(s) for requesting financial aid from SRU:

Is your current financial situation temporary or permanent? Yes or No

Explain:

How many people are in your household? (this includes all children, adults and adult children living in the household)

Have you completed a 2018 IRS Income Tax return or other Income Tax return? Yes or No

What Income Tax return was filed or will be filed for the 2018 year? (Please check one of the boxes below)

IRS 1040

IRS 1040 SA

1040EZ

Most current tax return

Other proof of income approved by SRU Financial Aid Committee

If you have not filed your 2018 IRS tax return please provide your estimated adjusted gross income for 2018. Please provide a copy of 1099's or W2 forms to provide total income for 2018

How much of the SRU Soccer Club fee can you pay? \$

How many years has your family been a member of SRU? Team name(s)

Have you ever been a volunteer for SRU? Yes or No (circle one). If yes, please explain

We ask that all participating parents volunteer for SRU for a minimum of 6 hours per season/player. In which position are you committed to help? Please check the following 3 choices for volunteering positions

Fields

Golf Tournament

Team Duties

Snack Shack

Fundraising

SRU Soccer Night

Referee

Other (please specify)

Terms of SRU Soccer Club Financial Aid Policy

The SRU Soccer Club Financial Aid Committee meets as needed to process applications. SRU reserves the right to discontinue financial aid at any time if the information provided is inaccurate. Partial aid may be awarded based on the decision by the SRU Financial aid committee.

Financial Aid will not cover for the following items:

- Game and practice uniforms
- Traveling Costs
- Private lessons
- Tournament Costs

I (we) the applicant have read and agree to the terms of SRU Financial Aid policy and any requirements outlined on this application. I (we are) am requesting that (player's name) be placed on aid status with Santa Rosa United. Everything I (we) have stated in this application is true. I (we) understand that you will retain this application. I (we) agree to answer questions and supply any additional information that the SRU Financial Aid Committee requests.

I (we) hereby request financial aid from the Santa Rosa United Soccer Club:

Mother/Guardian Signature

Print Name

Date

Father/Guardian Signature

Print Name

Date

Submit the following to address listed below:

SRU Soccer Club Financial Aid Committee
P O Box 12154
Santa Rosa, CA 95406

- 1) Your signed and completed application**
- 2) The first 2 pages of your 2018 filed federal tax return & 1099s**
- 3) Player's current report card**

All information provided with this application will be held in the highest confidence.

Please direct any questions to [Toni Sprouse at treasurer@srunited.com](mailto:Toni_Sprouse@srunited.com)

FOR SRU FINANCIAL AID COMMITTEE ONLY

Date Application Received: _____ Approved For \$ _____
Denied, Reason: _____
Signature: _____ Print Name: _____
Signature: _____ Print Name: _____
Signature: _____ Print Name: _____
Date Review Completed _____ Family Informed of Result on – Date _____
Method: Phone call/Email/US Mail/In Person _____
By: _____ Date: _____