



Financial Aid Award Contract

I _____, parent/guardian of _____ will accept the Financial Aid from SA Athletic FC. I agree to:

- Volunteer a **minimum of 10** hours at our 2018 / 2019 Events.
- Remain continuously in good standing with SA Athletic FC and comply with the SA Athletic FC code of conduct. My son or daughter will participate in all activities of the team including training sessions and games.
- Will not disclose my Financial Aid award with anyone.

I understand that failure to comply with the above will result in the immediate forfeiture of this award.

Player's Name _____

Player's Team Name _____

Parent's Name _____

Signature _____ Date _____

Forms may be scanned and emailed to admin@saathleticfc.com or mailed to:

SA Athletic FC

Financial Aid Committee

16631 Vance Jackson #6220

San Antonio, TX 78257