



SA ATHLETIC FC

2018-2019 APPLICATION FOR FINANCIAL AID

OFFICE USE ONLY

Application # _____

Team: _____

Approved Date: _____

Denied Date: _____

CONFIDENTIAL

Application Deadlines: Sep 1, 2018

Applications received after the deadline may not be considered

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

Name	First Name
Address (if different from above)	
City	State Zip Code
Home Phone	Work Phone Cell Phone
Employment and Position	E-Mail

FATHER/GUARDIAN INFORMATION

Name	First Name
Address (if different from above)	
City	State Zip Code
Home Phone	Work Phone Cell Phone
Employment and Position	E-Mail

LIST ALL CHILDREN THAT ARE REGISTERED WITH SA ATHLETIC FC OR OTHER CLUBS

Name	Grade	School	Team Name
1			
2			
3			

PLEASE COMPLETE THE FOLLOWINGS PAGES FOR THE ASSESSMENT OF NEED:

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

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

Explain: _____

Does your child qualify for the Free and Reduced Price school lunch program? Yes or No

How much of the SA Athletic FC club fee can you pay? \$ _____

PLEASE NOTE: We ask that all participating parents volunteer for SAAFC for a minimum of 10 hours per season.

Terms of SA Athletic FC Financial Aid Policy

The SA Athletic FC Financial Aid Committee meets as needed to process applications. SA Athletic FC 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 SA Athletic FC Financial Aid Committee.

Financial Aid will not cover for the following items:

- **Registration Fee**
- **Game and practice uniforms**
- **Traveling Costs / Team Fees**
- **Private lessons**
- **Tournament costs**

I the applicant have read and agree to the terms of SAAFC 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 SA Athletic FC. Everything I (we) have stated in this application is true and correct. I (we) understand that you will retain this application. I (we) agree to answer questions and supply any additional information that the SA Athletic FC Financial Aid Committee requests. I acknowledge that the receipt of financial assistance for SA Athletic FC is conditioned upon my child's full participation in all activities of his or her team, including all practices, unless excused by the coach or due to medical reasons, and with the understanding that both my child and I remain in good standing with SA Athletic FC as outlined in the financial assistance parent letter and guidelines. I (we) hereby request financial aid from the SA Athletic Football Club:

Mother/Guardian Signature	Print Name	Date
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Father/Guardian Signature	Print Name	Date
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Submit the following to address listed below:

- 1) Your signed and completed application (REQUIRED)
- 2) The first 2 pages of your 2017 filed federal tax return & 1099s (or) Proof of Reduced and Free Meal - School Lunch Program
- 3) Player's current report card (optional)

SA Athletic FC
 Financial Aid Committee
 16631 Vance Jackson #6220 West
 San Antonio, TX 78257

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

Please direct any questions to admin@saathleticfc.com

FOR SA ATHLETIC FC 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/ E-Mail/ US Mail / In Person _____

By: _____ Date: _____