

Louisville Soccer
Application for Financial Aid



Player's Name: _____

Team: _____ Coach: _____ Season _____

1. What are you applying for?

- ☐ Payment Plan
- ☐ Full Scholarship
- ☐ Partial Scholarship

2. Is parent/ guardian unemployed? ☐ YES ☐ NO

○ If so, how long? _____

3. Does your child qualify for one or more public assistance program? *Please select all that apply.*

- | | |
|---|---|
| <input type="checkbox"/> Free/ Reduced Lunch | <input type="checkbox"/> General Relief |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Aid for Dependent Children |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Social Security Income | |

4. Has your player received a scholarship in a prior season? ☐ YES ☐ NO

5a. If you are requesting a scholarship, how much of the season fee are you able to pay?

5b. If you are requesting a payment plan, please complete the following:

of Installments Requesting: _____ **Fees to be paid in full by:** _____

Installment # 1	(Amount) \$ _____	Payment Date _____
Installment # 2	(Amount) \$ _____	Payment Date _____
Installment # 3	(Amount) \$ _____	Payment Date _____
Installment # 4	(Amount) \$ _____	Payment Date _____
Installment # 5	(Amount) \$ _____	Payment Date _____

I certify that all of the above information is true and correct. I understand this information is being shared to determine eligibility for financial aid. I understand that the Financial Aid Committee may request supporting documentation to verify the information on this application and that aid may be denied if requested documentation is not supplied.

X _____ Date _____

Parent/ Guardian (Printed) _____

****Please submit completed form to:****

Email: admin@louisvillesoccer.com

Fax: 502-459-8069

Mail: Louisville Soccer
P.O. BOX 34113
Louisville, KY 40232