

MVLA Soccer Club



OFFICE USE ONLY

Application # _____

Team: _____

Approved Date: _____

Denied Date: _____

APPLICATION FOR FINANCIAL AID

CONFIDENTIAL

Application Date: _____

Please see website for application deadline

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
E-Mail		

FATHER/GUARDIAN INFORMATION

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 MVLASC OR OTHER CLUBS

Name	Grade	School	Team Name
1			
2			
3			

ASSESSMENT OF NEED:

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

Is your current financial situation temporary or permanent? Temporary _____ Permanent _____

Explain: _____

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

Have you completed a 2021 IRS Income Tax return or other Income Tax return? Yes or No

What Income Tax return was filed or will be filed for the 2021 year? (Please check one of the boxes below)

- IRS 1040
- IRS 1040SA
- 1040EZ
- Most current tax return
- Free Lunch Program
- Other proof of income approved by MVLASC Financial Aid Committee

If you have not filed your 2021 IRS tax return please provide your estimated adjusted gross income for 2021 _____ Please provide a copy of 1099's or W2 forms to provide total income for 2021.

How much of the MVLA Soccer Club fee can you pay per installment (total 6-installments)? \$ _____

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

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

We ask that all participating parents volunteer for MVLASC 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 | () Picture Day | () MVLAS Soccer Night |
| () Golf Tournament | () Bay Area Tournament | () Referee |
| () Team Duties | () Fundraising | () Other (please specify _____) |

Terms of MVLA Soccer Club Financial Aid Policy

The MVLA SC Financial Aid Committee meets as needed to process applications. MVLASC 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 MVLA SC 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 MVLASC 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 MVLASC. 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 MVLASC Financial Aid Committee requests.

I (we) hereby request financial aid from the MVLA Soccer Club:

Mother/Guardian Signature

Print Name

Date

Father/Guardian Signature

Print Name

Date

Submit the following to address listed below:

- 1) Your signed and completed application
- 2) The first 2 pages of your 2021 filed federal tax return & 1099s
- 3) Player's current report card

MVLA Soccer Club
Financial Aid Committee
339 S. San Antonio Road, Suite 1D
Los Altos, CA 94022

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

Please direct any questions to *Pedro Miguel* at financial.aid@mvlasc.org

FOR MVLASC 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: _____