

# 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 2022 IRS Income Tax return or other Income Tax return? Yes or No

What Income Tax return was filed or will be filed for the 2022 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 2022 IRS tax return please provide your estimated adjusted gross income for 2022 \_\_\_\_\_ Please provide a copy of 1099's or W2 forms to provide total income for 2022.

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 2022 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](mailto: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: \_\_\_\_\_