

Financial Assistance Application



GENERAL INFORMATION:

Club/Organization: _____ Date: _____
Team Name: _____
Coach: _____
Player Name: _____ Date of Birth: _____
Gender: Male Female
Parent's Names: _____
Home Address: _____ Primary Phone Number: _____
Email Address: _____ Secondary Phone Number: _____

REQUEST FOR FINANCIAL ASSISTANCE:

Amount Requested \$ _____ Purpose of the Request: Club Dues
 Academy Fees
Reason for Need: _____
(attach explanation if more _____
space is required) _____

APPLICANT INFORMATION:

_____ <i>Father/Male Gaurdian Name</i>	_____ <i>Mother/Female Gaurdian Name</i>
_____ <i>Relationship</i>	_____ <i>Relationship</i>
_____ <i>Occupation</i>	_____ <i>Occupation</i>
_____ <i>Place of Employment</i>	_____ <i>Place of Employment</i>
_____ <i>Adjusted Gross Income (Previous Year IRS Form 1040)</i>	_____ <i>Adjusted Gross Income (Previous Year IRS Form 1040)</i>
_____ <i>Estimated Adjusted Gross Income (Current Year)</i>	_____ <i>Estimated Adjusted Gross Income (Current Year)</i>
_____ <i># of Exemptions Claimed</i>	_____ <i># of Exemptions Claimed</i>

Parent's Marital Status: Single Married Seperated Divorced Widowed

If Parent's aren't married, please indicate with whom the applicant resides: _____

Ages of Applicants Siblings: _____ # of Children Playing Club Soccer _____

We certify that the information provided is true and complete to the best of our knowledge.

Signature _____ Date _____

Please return your completed signed application to the address below or email to: foundation@stingsoccer.com
Sting Soccer Foundation, 4145 Beltline Rd, Suite 212-192, Addison, Texas, 75001

** Please be prepared to submit tax return documents to substantiate income statements above