



# FORCE SOCCER CLUB

## Financial Assistance Application

### One player request per form please

Player Name:	Age Group/Team:	# of years with Force:
Please provide a brief description and reason for your need:		
Financial Aid amount requested: Note: <b>Funding is only available for spring/summer season.</b>		
Parent/Guardian:		Address:
Email:	Phone:	City, Zipcode:
Parent/Guardian:		Address:
Email:	Phone:	City, Zipcode:
What was the adjusted gross income for last tax year or net household income for the family? <input type="checkbox"/> Less than \$20,000 <input type="checkbox"/> \$20,000-\$40,000 <input type="checkbox"/> \$40,000-\$60,000 <input type="checkbox"/> More than \$60,000	List current assistance family receives, if any: <input type="checkbox"/> Subsidized housing <input type="checkbox"/> Public assistance <input type="checkbox"/> Unemployment insurance <input type="checkbox"/> Food stamps <input type="checkbox"/> Medical assistance <input type="checkbox"/> Free/reduced cost school lunch program	
<b>Note: the applicant may be asked to provide documentation for any assistance item checked above.</b>		

I certify and affirm that the information submitted is true and complete to the best of my knowledge. I understand the grant amount is subject to funds available and incomplete or inaccurate information could jeopardize eligibility for financial assistance now and in the future.

I will provide proof of financial need to Force Soccer Club if needed and upon request. I understand that records will be kept strictly confidential and the identity of the recipients will be shared on a "need to know" basis. I understand that the documents provided, if requested, for proof of need will be destroyed upon final adjudication of the application.

I understand that I am required to fulfill volunteer hours as outline by Force Soccer Club. I understand the financial assistance I receive will be applied toward the Force Soccer Club fees only.

Please submit application by mail to:

Or scan and email to:

**Force Soccer Club Grant Committee**  
**P.O. Box 43175**  
**Brooklyn Park, MN 55443**

**Info@ForceSC.org**  
**Attn: Grant Committee**

Parent/Guardian Signature

Date Submitted

Application #	Force Soccer Club Office Use Only Date received: _____ Date approved: _____ Date reviewed: _____ Approved by: _____	Amount approved:
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