



**One (1) Player per Form**

## United Soccer Athletes (USA) Soccer Club Request for Financial Aid

By completing this form, you are indicating your interest in being considered for financial aid as a member of the United Soccer Athletes (USA) Soccer Club. In order to better meet the financial needs of your player, we ask that you take a few minutes to complete both sides of this form. Please note that USA gives each financial aid request individual consideration. Responses to each request are based on player financial needs and USA's funding availability.

*Please be aware that completion of this form does not guarantee financial aid from USA Soccer.*

After receiving this completed form from you, the USA Board of Directors will review it and contact you with a financial aid plan. If our response meets your needs, we will discuss any remaining payment obligations at that point. Based on that determination and mutual agreement, formal documentation will be completed securing the aid. Full compliance with the fee structure detailed in that agreement is mandatory or your child's position within USA Soccer may be jeopardized.

Player Name: \_\_\_\_\_ Coach & Age Group: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different from above): \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: primary: \_\_\_\_\_ secondary: \_\_\_\_\_

Has your player received Financial Aid from USA Soccer before? (Circle One)      YES      NO

Please select one of the following reasons for you Financial Aid Request:

\_\_\_\_\_ Loss of Employment      \_\_\_\_\_ Insufficient Income

\_\_\_\_\_ Family Hardship (Death, Medical Bills, etc.)      \_\_\_\_\_ Other

Are you requesting Financial Aid for additional players? (Circle One)      YES      NO

If YES, please list them: \_\_\_\_\_

Additional information to assist USA in best understanding your financial situation:

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**OVER PLEASE**

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