



EDEN PRAIRIE SOCCER CLUB

PASSION • RESPECT • EXCELLENCE

Financial Aid Application

Paying the first registration installment, making a payment plan outside of regular installments or applying for financial aid all equate to "Registering to play at EPSC". Anyone who is denied Financial Aid has the right to apply for a release.

Applicant (Player) Name:		Team:
Describe need for financial aid:		
Financial aid requested: \$ _____		
Parent/Guardian:		Street:
Email:	Phone:	City & Zip:
Parent/Guardian:		Street:
Email:	Phone:	City & Zip:
Number of persons in household:	Children:	Adults:
What was the adjusted gross income for last tax year or net household income for families not filing a tax return?	<input type="checkbox"/> Less than \$20,000 <input type="checkbox"/> \$20,000 - \$40,000 <input type="checkbox"/> \$40,000 - \$60,000	Indicate assistance family receives <input type="checkbox"/> Subsidized housing <input type="checkbox"/> Food stamps <input type="checkbox"/> Medical assistance
If parents live apart and file tax forms separately, what is the combined adjusted and/or net income?		\$
Applicant's school:		
If private school, do you receive financial assistance?		If yes, please indicate amount:

All applications must include documentation demonstrating proof of need. As stated in the EPSC Financial Aid Policy, proof of need is established through submission of the applicant's family's most recent Federal income tax return (complete with schedules). Additional documents that may be submitted to establish proof of need include current pay stubs for the applicant's parents or guardians.

All documentation must be submitted prior to the Due Date of the Program Fee(s) you are requesting assistance for (generally August 15 for teams forming after Summer tryouts – and after formation of teams after Winter/Spring tryouts). Please submit complete application to:

EPSC
 6484 Carlson Drive
 Eden Prairie, MN 55346
 OR Email: FinancialAid@epsoccerclub.com

 Parent/Guardian Signature

 Date

EPSC Office Use Only

Date received: _____ Approved By: _____ Financial aid amount approved: \$ _____
 Date reviewed: _____