



Triad Elite Soccer Club

FINANCIAL AID APPLICATION

Triad Elite Soccer Club (TESC) offers a limited amount of Financial Aid for participation on club teams based on demonstrated need. The TESC Financial Committee (TEFC) reviews all applications and where qualification exist, approves those applications received. All application information is kept 100% confidential. We encourage applicants to make a copy of your completed application and supporting documentation for your records and to assist you in submitting future applications. If your application is not approved, please consider contacting the Club Treasurer (TESCtreasurer@gmail.com) for alternate payment plans. The TEFC shall have sole discretion on the awarding of Financial Aid. You will be notified by via your selected communication preference designated in your application.

REQUIREMENT CHECKLIST FOR ELIGIBILITY

1. Commitment to attend a minimum of 80% of scheduled practices and games.
2. Application must be completed by a parent, guardian, or head of household, with all requested information provided. Incomplete applications will not be considered.
4. Applicant must submit previous year's tax return with application.
5. Applicant must submit two (2) current pay stubs.
6. If 4 and 5 cannot be provided, please notify the Club Treasurer to arrange for other means of confirming income.

Acceptance Fee Payment is required at time registration and must be received before application review will commence.

Special consideration will be given to those applicants that indicate that they are willing to serve as a volunteer on their application. Please complete one application per child.

YEAR _____ Athlete's Name: _____ Age: _____

Birth date: _____

Street _____

City _____ State _____ Zip _____

Athlete lives with: () Both Parents () Mother () Father () Other

Number of Dependents **Claimed by Primary Custodial Parent:** _____

Would you be willing to serve as a Volunteer: () Yes () No

If Yes, please indicate volunteer options () Asst. Coach () Team Manager () Field Maintenance

() Board Member () Tournament Volunteer () Asst. Registrar

GUARDIAN INFORMATION: Total Household Annual Income: \$ _____

*Income includes but not limited to wages, alimony, child support, unemployment, or disability payments

Do You Own Your Home (Circle) Yes No

Father's/Guardian's Name: _____ Occupation: _____

Home/Cell Phone: _____ Work Phone: _____ E-mail: _____

Mother's Name: _____ Occupation: _____

Home/Cell Phone: _____ Work Phone: _____ E-mail: _____

Has the athlete ever received Club Financial Aid? () Yes () No; If Yes, Year _____

Person to Contact regarding Financial Aid Application _____

Preferred Method of Contact (circle one) Email Home Phone Work Phone

CONSENT TO RELEASE INFORMATION

I understand that my signature authorizes the Triad Elite Soccer Club to obtain verification of all information on this application and that additional information may be necessary for approval of this application. I certify that all of the information on this form is true and correct and that I will comply with each of the "Requirement Checklist for Eligibility" items listed on the Application Instructions.

Parent/Guardian Signature

Date

OFFICE/COMMITTEE USE ONLY APPLICATION

RECEIVED BY: _____ RECEIVED DATE: _____

TEFC APPROVAL: \$ _____