



**FINANCIAL AID WORK LOG  
RECORD OF WORK COMPLETED**

Player ID: \_\_\_\_\_ Coach: \_\_\_\_\_  
 Team Name: \_\_\_\_\_ Team Manager: \_\_\_\_\_  
 Hours needed: \_\_\_\_\_ Season & Year: \_\_\_\_\_

The following work was done at River Soccer Club to fulfill the above player's commitment for Financial Aid received.

Date	Activity	Time Worked	Team Manager Signature
<b>Total Hours Worked</b>			

When work is completed please turn-in this form to a member of the Financial Aid committee.  
 Please call if you have any questions, Robert Daisey 302-236-3169 or Michelle Roenke 302-542-6397