

Louisville Soccer Club ~ Application for Financial Aid

The Louisville Soccer Club (LSC) provides interested and motivated youth the opportunity to play soccer at the level that fits their skill and ability. LSC strives to keep soccer affordable; so all youth have an opportunity to participate. As such, the LSC Financial Aid program is intended to provide opportunities for financially disadvantaged youth players to participate in the LSC program. We do not publish detailed qualification criteria since they are guidelines and final decisions on awards that are made by the LSC Board of Directors based on recommendations and availability of funds.

Financial Aid will be awarded to families that demonstrate need, on a **first come, first served basis, until all funds have been dispersed. For those meeting the financial criteria, LSC will cover all or half of the cost of registration.

Questions may be directed to info@louisvillesoccerclub.net , or can be answered on our website:

<http://www.louisvillesoccerclub.net>

Please return this application to: Louisville Soccer Club, PO Box 426, Louisville, OH 44641 at least one week prior to the registration deadline

Player Information:

*** 1st Child:**

First Name: _____ Last Name: _____

Birthday (mm/dd/yyyy): _____ Grade: _____ Sex (circle one): M F

School Attending in Fall: _____ # of seasons played: _____

Child's experience level (circle one): Beginner Average Above Average Advanced

*** 2nd Child:**

First Name: _____ Last Name: _____

Birthday (mm/dd/yyyy): _____ Grade: _____ Sex (circle one): M F

School Attending in Fall: _____ # of seasons played: _____

Child's experience level (circle one): Beginner Average Above Average Advanced

*** 3rd Child:**

First Name: _____ Last Name: _____

Birthday (mm/dd/yyyy): _____ Grade: _____ Sex (circle one): M F

School Attending in Fall: _____ # of seasons played: _____

Child's experience level (circle one): Beginner Average Above Average Advanced

Parent Information:

Mother or Guardian Name: _____ Phone: _____

Address: _____

Employer: _____

Email: _____

Father or Guardian Name: _____ Phone: _____

Address (if different than above): _____

Employer: _____

Email: _____

How many adults live in your home? _____ How many children live in your home? _____

*Do any of your children play in other sport/club programs? Yes No

If yes, please list any Financial Aid they receive there:

*Is your current financial situation temporary or permanent? (please explain)

*Are you a single income or multiple income family? (please explain)

*How much financial assistance are you looking for from LSC? (circle one)

Whole Cost

Half of the Cost

I'd like to make payments over the season