



Financial Assistance Worksheet (FALL RECREATIONAL SEASON)

THIS COMPLETED FORM MUST BE RECEIVED BY:

JULY 1st

AUCSC PHONE: 512-899-1049

AUCSC FAX: 512-899-1089

Check List:

- _____ Completed Player Packet (Including \$250.00 Commitment Fee)
- _____ IRS Tax Return for 2007 (copy) Form 1040 or equivalent, Married filling separate must include *both* returns
- _____ Current report card from child's school
- _____ My current per household member income is less than \$12,000 (*i.e., a family of 4 is \$48,000*)

Financial Information:

- Gross household income \$_____ Number of dependents living in household _____
- Do you participate in the reduced lunch program at school? YES / NO
- Did you perform at least 10 hours of Volunteer service per child last year? YES / NO

Agreements: (By initialing each line you are agreeing to the following :)

- I agree my child will play the entire season with AU*Capital Soccer Club _____
- I agree my child **WILL** attend all practices and games _____
- I agree to participate in **ALL** AU*Capital Soccer Club Fund Raisers _____
- I agree to sell a *minimum* of 25 RAFFLE TICKETS _____
- I understand if my child does NOT meet the above requirements, the financial assistance will be revoked & I will be responsible for the *entire* fee _____
- I understand that applying for Financial Assistance **DOES NOT** automatically grant aid _____

IMPORTANT:

- Key staff and volunteers (including team managers) **WILL** have access to financial assistance information
- I acknowledge and understand that Coaches and Staff **CAN NOT** commit the club to **ANY** financial assistance. **ONLY** a signed (by the Dir. Of Finance) official 'Financial Assistance Award Letter' commits the club to **ANY** financial aid.

I certify that the information above and on the attached documents is true and correct:

Applicant Signature:

Date:

Applicant Name (Print)