



**Chugiak Soccer Club Financial Aid Application**

**Name:**

**Address:**

**City:**

**Zip:**

**Parent/Legal Guardian Information**

**Name:**

**Address:**

**City:**

**Zip:**

**Phone:**

**Email:**

Complete this section if you are applying for more than one applicant in your family.

**Child's Name:**

**Team:**

**Child's Name:**

**Team:**

**Volunteer Information:**

Please note you are required to complete a minimum of 20 hours of volunteer time if you have received financial aid. You are required to inform the TD of your hours as you complete them.

**If you are currently volunteering any of your time to CSC please check how:**

- Assist with summer camps or clinics
- Assist with developmental program
- Assist the B.O.D. with task varied tasks
- Assist Technical Director as needed
- Other \_\_\_\_\_

**Please provide the following information in regards to your family income:**

Single Parent: Yes or No

Single Family Income: Yes or No

Number of children living in the home: \_\_\_\_\_

Any children in college: Yes or No If yes, what are the annual college expenses? \_\_\_\_\_

Net monthly income (wages): \_\_\_\_\_ Monthly Mortgage or Rent: \_\_\_\_\_

Other Income: \_\_\_\_\_ Public Assistance: \_\_\_\_\_ Alimony/Child Support: \_\_\_\_\_

Does your family qualify for free or reduced school lunch program? Yes or No

Number of family member who qualify for the Alaska Permanent Fund? \_\_\_\_\_

Explain other Circumstances that Create a financial hardship?

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Total Club Based Fees: \_\_\_\_\_ Parent Contribution: \_\_\_\_\_ Total Amount Requested: \_\_\_\_\_

**Parent Commitment Pledge**

*I certify and affirm the above information is true and complete to the best of my knowledge. I agree to inform CSC of any changes to my income, family size, or ability to pay. I understand that incomplete applications will not be considered for financial aid. I have read the program description and understand there is no guarantee of financial aid. I understand that CSC and associated members make no promise or assurance of financial aid, and the award money is subject to funds available and the family's ability to pay. If my child is provided financial aid, I will make my best effort to help my child attend practices, games and volunteer commitments. In addition, I will volunteer my time to the team or club when possible.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Use Only

Date of Review: \_\_\_\_\_

Application Complete: Yes or No

Application: Approved or Denied

Approval Amount: \_\_\_\_\_

Reason for approval/denial: \_\_\_\_\_