



Financial Aid Award Contract

I \_\_\_\_\_, parent/guardian of \_\_\_\_\_ will accept the Financial Aid from Tennessee Soccer Club. I agree to:

- Volunteer a **minimum of 10** hours at our 2018 / 2019 Events.
- Remain continuously in good standing with Tennessee and comply with the Tennessee SC code of conduct. My son or daughter will participate in all activities of the team including training sessions and games.
- Will not disclose my Financial Aid award with anyone.

I understand that failure to comply with the above will result in the immediate forfeiture of this award.

Player's Name \_\_\_\_\_

Player's Team Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

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

Forms may be scanned and emailed to [katsaitis@comcast.net](mailto:katsaitis@comcast.net) or mailed to:

Tennessee Soccer Club  
Financial Aid Committee  
509 New Highway 96 West  
Franklin, TN 37064