

Tennessee Soccer Club



OFFICE USE ONLY

Application # _____

Team: _____

Approved Date: _____

Denied Date: _____

2018-2019 APPLICATION FOR FINANCIAL AID

CONFIDENTIAL

Application Deadlines: June 22, 2018

Applications received after the deadline may not be considered

PLAYER INFORMATION

Last Name	First Name	Date of Birth
Address	City	Zip Code
School	Grade	

ADDITIONAL PLAYER REQUESTING FINANCIAL AID

Last Name	First Name	Date of Birth
School	Grade	

MOTHER/GUARDIAN INFORMATION

Name	First Name	
Address (if different from above)		
City	State	Zip Code
Home Phone	Work Phone	Cell Phone
Employment and Position	E-Mail	

FATHER/GUARDIAN INFORMATION

Name	First Name	
Address (if different from above)		
City	State	Zip Code
Home Phone	Work Phone	Cell Phone
Employment and Position	E-Mail	

LIST ALL CHILDREN THAT ARE REGISTERED WITH TSC OR OTHER CLUBS

Name	Grade	School	Team Name
1			
2			
3			

PLEASE COMPLETE THE FOLLOWINGS PAGES FOR THE ASSESSMENT OF NEED:

Please state your reason(s) for requesting financial aid from TSC _____

Is your current financial situation temporary or permanent? Yes or No

Explain: _____

How many people are in your household? _____ (this includes all children, adults and adult children living in the household)

Have you completed a 2017 IRS Income Tax return or other Income Tax return? Yes or No

What Income Tax return was filed or will be filed for the 2017 year? (Please check one of the boxes below)

- IRS 1040
- IRS 1040SA
- 1040EZ
- Most current tax return
- Other proof of income approved by TSC Financial Aid Committee

If you have not filed your 2017 IRS tax return please provide your estimated adjusted gross income for 2016 _____ Please provide a copy of 1099's or W2 forms to provide total income for 2017

How much of the Tennessee Soccer Club fee can you pay? \$ _____

How many years has your family been a member of TSC? _____ Team name(s) _____

Have you ever been a volunteer for TSC? Yes or No (circle one). If yes, please explain _____

We ask that all participating parents volunteer for TSC for a minimum of 6 to 10 hours per season. In which position are you committed to help? Please check the following 3 choices for volunteering positions

- () Fields
- () WCS Picture Day
- () Tailgate Setup & Cleanup
- () Fall Tournament
- () Spring Tournament
- () Tryout Volunteer
- () Fundraising
- () Other (please specify _____)

Terms of Tennessee Soccer Club Financial Aid Policy

The Tennessee SC Financial Aid Committee meets as needed to process applications. TSC reserves the right to discontinue financial aid at any time if the information provided is inaccurate. Partial aid may be awarded based on the decision by the TSC Financial aid committee.

Financial Aid will not cover for the following items:

- Registration Fee
- Game and practice uniforms
- Traveling Costs / Team Fees
- Private lessons
- Tournament costs

I (we) the applicant have read and agree to the terms of TSC Financial Aid policy and any requirements outlined on this application. I (we are) am requesting that (player's name) _____ be placed on aid status with TSC. Everything I (we) have stated in this application is true and correct. I (we) understand that you will retain this application. I (we) agree to answer questions and supply any additional information that the TSC Financial Aid Committee requests. I acknowledge that the receipt of financial assistance for TSC is conditioned upon my child's full participation in all activities of his or her team, including all practices, unless excused by the coach or due to medical reasons, and with the understanding that both my child and I remain in good standing with TSC as outlined in the financial assistance parent letter and guidelines.

I (we) hereby request financial aid from the Tennessee Soccer Club:

Mother/Guardian Signature	Print Name	Date
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Father/Guardian Signature	Print Name	Date
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Submit the following to address listed below:

- 1) Your signed and completed application
- 2) The first 2 pages of your 2017 filed federal tax return & 1099s
- 3) Player's current report card (optional)

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

All information provided with this application will be held in the highest confidence.

Please direct any questions to [Michael Katsaitis at Secretary@Tennesseesoccerclub.org](mailto:Michael.Katsaitis@Tennesseesoccerclub.org)

FOR TSC FINANCIAL AID COMMITTEE ONLY

Date Application Received _____ Approved For \$ _____

Denied, Reason: _____

Signature: _____ Print Name _____

Signature: _____ Print Name _____

Signature: _____ Print Name _____

Date Review Completed: _____ Family Informed of Result on – Date: _____

Method: Phone call/ E-Mail/ US Mail / In Person _____

By: _____ Date: _____