

Confidential

Tri Valley Soccer Club

Submit completed application to:
Tri Valley Soccer Club
Financial Aid Committee
602 Lomond Circle
San Ramon, Ca/ 94583

Application Date: _____

**2017 APPLICATION FOR FINANCIAL
AID**

A. Player Information:

Name _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
School _____ City _____ Grade _____
Home Phone () _____ Phone () _____ E-Mail _____

B. Parent Information

1st Parent's Name _____ E-mail _____
Address _____ City _____ State _____ Zip _____
Work Phone () _____ Cell Phone () _____ Home Phone () _____
Employer _____

2nd Parent's Name _____ E-mail _____
Address _____ City _____ State _____ Zip _____
Work Phone () _____ Cell Phone () _____ Home Phone () _____
Employer _____

List all children in your family and whether they are registered with the Tri Valley Soccer Club:

| | | | | |
|------------|-----------|--------------|--------------|-----------------------|
| Name _____ | Age _____ | School _____ | TVSC Player? | Current / Former / No |
| Name _____ | Age _____ | School _____ | TVSC Player? | Current / Former / No |
| Name _____ | Age _____ | School _____ | TVSC Player? | Current / Former / No |
| Name _____ | Age _____ | School _____ | TVSC Player? | Current / Former / No |

Do any of your children play in other sport club programs? Yes / No
If yes, please list any Financial Aid they receive aid there _____

C. Assessment of need:

Is your current financial situation temporary or permanent? Y/N Explain: _____

Are you a single income or multiple income family? Single / Multiple Explain: _____

Father/Stepfather's State of Legal Residence: _____

Mother/Stepmother's State of Legal Residence: _____

Have you completed a 2016 IRS Income Tax return or other Income Tax return? _____

What Income Tax return was filed or will be filed for the 2016 year?

____ IRS 1040 ____ IRS 1040A 1040EZ ____ foreign tax return
____ tax return with Puerto Rico or other US Territory

