## **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

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

			AID			
A. Player Informatio	n:					
Name					Date of Birth	
NameAddress			Citv		State	Zip
School				City	State	Grade
Home Phone ( )		_Phone (	)	E-Mail_		
B. Parent Informatio						
1st Parent's Name Address Work Phone ( )			_ E-mail			
Address			City		State	Zip
Work Phone ( )		Cel	I Phone ( )		Home Pho	one ()
Employer						
2 <sup>nd</sup> Parent's Name			E-mail			
Address			City		State	Zip
2 <sup>nd</sup> Parent's Name Address Work Phone ( )		Cel	I Phone ( )		Home Pho	ne (
Employer			( )			\/
List all children in you Name	•		, ,		·	
Name	/ .go 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 childre If yes, please list any		•				
C. Assessment of no		temporary	or permanent	? Y/N Exp	lain:	
Are you a single incor	me or multi	ple income	family? Single	/ Multiple	Explain:	
				·	·	
Father/Stepfather's S Mother/Stepmother's	tate of Lega	al Residen	ce:			<del>-</del>
Mother/otehinother 2	Claic OI LE	gai i teside				
Have you completed	a 2016 IRS	Income Ta	ax return or oth	er Income	e Tax return?	

	Print Name	Date
Parent(s)/Guardian Signature		
We hereby request financial aid from the Tri Valley	Soccer Club:	
I the applicant have read and agree of the TVSC fir this application. I am requesting that (player) on aid status with TVSC. Everything I have stated i retain this application. I agree to answer questions aid committee requests.	n this application is tr	be placed ue. I understand that you will
Terms of the Tri Valley Soccer Club Financial A The TVSC Financial Aid Committee meets as need right to discontinue financial aid at any time if the in be awarded based on the decision by the TVSC fin Note: Financial Aid is a partial award of the fees; Pa based on the amount of financial aid awarded. Pare refundable volunteer fee, cost of uniform and team	led to process application and its application provided is ancial aid committee. arents will continue to pents will continue to p	inaccurate. Partial aid may pay a portion of the fees
Please direct any questions to Anne Tontz (a	atontztrivalley@aol.co	om or 925.323.6191)
Submit your signed and completed application, federal tax return & 1099s or W2 (or 2015 if 2016)  Tri Valley Soccer Club Financial Aid Committee 602 Lomond Circle San Ramon, Ca 94583		ete copy of your 2016 filed
Are you willing to volunteer for TVSC (above the 4 If yes, what do you like to do? (If unsure how to ans		itment?) Yes / No
Have you ever been a volunteer for TVSC? Yes / N	lo If yes, explain:	
How many years has your family been a member o	f TVSC? Team i	name(s)
How much assistance towards TVSC Club Fees are	e you requesting?\$_	
Please state your reason(s) for requesting financial	aid from TVSC:	
How much of the TVSC Club fee can you pay? \$		
Mother/Stepmother's earnings from working in 2010	6?	
Father/Stepfather's earnings from working in 2016?	?	
If you have not filed your 2016 IRS tax return pleas for 2016(Please provide a copy of 1099's or W2 forms to pr		