

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: _____

2019 APPLICATION FOR FINANCIAL AID

SUBMISSION DEADLINE: June 15, 2019

2019 Criteria and Eligibility

Income requirements to qualify for financial aid:

Family Status	Income Level
1 Adult and 1 child	<\$69,418
1 Adult and 2 children	<\$80,370
1 Adult and 3+ Children	<\$106,610
2 Adults and 1 Child	<\$73,680
2 Adults and 2 Children	<\$87,433
2 Adults and 3+ Children	<\$108,415
2 Adults (1 working) and 1 Child	<\$63,555
2 Adults (1 Working) and 2 Children	<\$70,266
2 Adults (1 Working) and 3+ Children	<\$84,299

If you meet the income requirements stated above, you must complete the following steps to be considered 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 _____
SSN: ____-____-____
 Address _____ City _____ State _____ Zip _____
 Work Phone () _____ Cell Phone () _____ Home Phone (____) _____
 Employer _____

2nd Parent's Name _____ E-mail _____

SSN: ____ - ____ - ____

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

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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 2018 IRS Income Tax return or other Income Tax return? _____

If you have not filed your 2018 IRS tax return please provide your estimated adjusted gross income for 2016 _____

(Please provide a copy of all 1099's or W2 forms to provide total income for 2018)

In 2018, did your family or household receive benefits from any of the federal benefits programs listed?

____ Supplemental Security Income

____ Food Stamps

____ Free or Reduced Price school lunch

____ Temporary Assistance for Needy Families (TANF)

____ Special Supplemental Nutrition Program for Women, Infants and Children

Father/Stepfather's earnings from working in 2018? _____

Mother/Stepmother's earnings from working in 2018? _____

How many people are in your parent's household? **This includes all children, adults and adult children living within the household.** _____

How much of the remaining 2/3 Program fee can you pay\$ _____

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

How much assistance towards TVSC Club Fees are you requesting? \$ _____

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

Have you ever been a volunteer for TVSC? Yes / No If yes, explain: _____

Are you willing to volunteer for TVSC (above the 4 hour volunteer commitment?) Yes / No
If yes, what do you like to do? (If unsure how to answer, contact us):

Submit your signed and completed application, along with a copy ALL pages of your 2018 filed federal tax return & 1099s or W2 (or 2017 tax return if not filed yet:

Tri Valley Soccer Club
Financial Aid Committee
602 Lomond Circle
San Ramon, Ca 94583

Please direct any questions to Anne Tontz (atontztrivalley@aol.com or 925.323.6191)

Terms of the Tri Valley Soccer Club Financial Aid Policy

The TVSC Financial Aid Committee meets as needed to process applications. TVSC 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 TVSC financial aid committee.

Note: Financial Aid is a partial award of the fees; Parents will continue to pay a portion of the fees based on the amount of financial aid awarded. Parents will continue to pay the Club registration fee, 1st program fee (1/3 of total), refundable volunteer fee, cost of uniform and team fees.

I the applicant have read and agree of the TVSC financial aid policy and any requirements outlined on this application. I am requesting that (player) _____ be placed on aid status with TVSC. Everything I have stated in this application is true. I understand that you will retain this application. I agree to answer questions and supply any information that the TVSC financial aid committee requests.

We hereby request financial aid from the Tri Valley Soccer Club:

Parent(s)/Guardian Signature

Print Name

Date

Parent(s)/Guardian Signature

Print Name

Date

FOR TVSC FINANCIAL AID COMMITTEE ONLY

Date Application Received _____ **Approved For \$** _____

Denied, Reason: _____

Signatures: _____ **Print Name** _____

Signatures: _____ **Print Name** _____

Signatures: _____ **Print Name** _____

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

Method: Phone call / e-mail / US Mail / In Person **By** _____ **Date:** _____

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