

Club Arizona Boca Junior Financial Aid Application

Player: _____ Date: _____

Team: _____ Coach: _____

Address: _____

City: _____ Zip Code: _____

Contact: Phone: _____ Email: _____

Father's Name: _____ Phone: _____

Employer: _____ Avg. Monthly Income: _____

Employer Contact Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Employer: _____ Avg. Monthly Income: _____

Employer Contact Name: _____ Phone: _____

Please provide any information relevant to your financial need request (attach additional pages if needed): _____

We are applying for financial aid to partially cover fees for the 2007-2008 Valley Youth Soccer League season. We have attached copies of our W-2 forms, paycheck stubs, and income tax returns for both parents. Our family has discussed the commitment and responsibility to Club Arizona Boca Junior that is associated with this application. We certify to the best of our knowledge the attached documents and information show all income received by our family in the past year. Our signature acknowledges that we will be responsible for the portion of the fees not covered by financial aid, payable in full by November 30, 2007. Failure to pay in full will suspend club participation. **Furthermore, we understand that if approved for financial aid, up to _____ service hours to be completed by the player or parent will be required to assist in the administration and operation of Club Arizona Boca Junior.**

Signature of Player: _____

Signature of Parent: _____