



## Financial Aid Application (One Application per Child)

Player's name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date \_\_\_\_\_

Number of children you are financially responsible for? \_\_\_\_\_

Team Name: \_\_\_\_\_

Coaches Name: \_\_\_\_\_

League: \_\_\_\_ Foundation 1 \_\_\_\_ Foundation 2 \_\_\_\_ Development \_\_\_\_ Travel

Requesting Full or Partial aid \_\_\_\_\_ Enter amount requested: \$ \_\_\_\_\_

I certify that my son or daughter is not playing for another club right now. Initials required \_\_\_\_\_

Does your child qualify for one or more public assistance programs? Please check all that apply:

\_\_\_\_ Free or Reduced Lunch

\_\_\_\_ General Relief

\_\_\_\_ Food Stamps

\_\_\_\_ Aid for Dependent Children (ADC)

\_\_\_\_ Foster Card

\_\_\_\_ Medicaid

\_\_\_\_ Social Security Income (SSI)

Are you interested in a registration repayment plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Parent(s) or Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Email address \_\_\_\_\_

Occupation(s) of Parent 1 \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

Occupation(s) of Parent 2 \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

I am requesting assistance for the following reason(s): Check all that apply

\_\_\_\_ Limited Income \_\_\_\_ Loss of Job \_\_\_\_ Medical Costs \_\_\_\_ Recent Divorce

\_\_\_\_ Disabled \_\_\_\_ Other (Please Explain)

## Edison United Soccer Association

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Please include any information that would help us to understand your situation:

I certify that the information contained on this request is true, correct to the best of my knowledge, and I agree to the aforementioned provisions in consideration for scholarship assistance. Further, I understand that the submission of this application in no way guarantees that such scholarship assistance will be awarded, as scholarship funds are limited. I understand that EUSA may request supporting documentation to verify the information on this application and that aid may be denied if requested documentation is not supplied.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Please send the completed application with a copy of the following:

- Copy of current Federal Tax Return form 1040
- Copy of last year's W2
- Copy of Free or Reduced School Lunch Eligibility

To: [eusa@edisonunitedsoccer.com](mailto:eusa@edisonunitedsoccer.com)

Or: Edison United Soccer Association  
PO Box 394  
Edison, NJ 08818