



## COMPETITIVE FINANCIAL AID APPLICATION

Name of player: \_\_\_\_\_ Coach: \_\_\_\_\_ Team: \_\_\_\_\_

Location: ☐ Temecula ☐ Lake Elsinore ☐ Menifee Valley ☐ Murrieta

Please complete the information below. Attach a copy of *the first page* of the family's most recent federal tax return. If no income taxes were filed, check the appropriate box below. Failure to provide a completed application with supporting documents will result in this application not being considered for financial support.

Step 1: Register the player using the invitation link received and pay the initial deposit.

Step 2: Application, supporting documents and **DEPOSIT** must be turned in to the City SC Office *no later than two weeks after your child's acceptance to a club team* to be considered for financial aid.

**Address:** 27576 Commerce Center Dr, Suite 106, Temecula CA 92590. **Hours:** call (951) 695-2489 or email [info@cityscsouthwest.com](mailto:info@cityscsouthwest.com) for office hours.

List all household members, regardless of whether they have income. For separate households, each parent must complete an application and provide supporting documents. Indicate the amount and source of annual income of each household member.

Full Name of Family Member	Relation to Player	Gross Annual Earnings from Employment – (1040 Line 1)	Gross Annual income from retirement/ social security	Annual income from food stamps, Calworks, FDPIR, alimony child support	All other Income	Total income (1040 Line 9)

☐ I have enclosed the following documentation that reflects my current income:

- 1) A copy of page 1 of my most recent tax return (1040) (W2s or school lunch letters for free/reduced meals are not accepted).
- 2) A copy of my most recent paystub (must include pay stub for each working parent)

☐ I have paid the initial deposit.

*I hereby certify that all the above information is true and correct and that all household income is reported. I further understand City SC may ask for further verification and failure to provide the information will result in this application not being reviewed for financial support from City SC.*

\_\_\_\_\_  
Signature of Adult Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Print name of Adult Applicant

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code



## Financial Aid Agreement

Please read the following terms and conditions carefully and sign the agreement below.

I, \_\_\_\_\_, as parent or legal guardian of applicant player, attest that all of the information I have provided on this application for financial aid is true and accurate.

I fully understand and agree that should City SC award me financial aid under the terms of this agreement, the award shall be applied to the registration fees and the recipient of the financial aid scholarship is hereby committed to remain registered with City SC throughout the respective season, including post season play.

\_\_\_\_\_ Initial

I fully understand and agree that should the above named applicant leave or become unregistered with City SC, for any reason whatsoever, prior to the end of the season that as the above named Parent or Legal Guardian, I will be personally responsible for payment or repayment of the FULL registration fee including any financial aid or scholarship money that was allocated, as well as the full amount of team fees budgeted for the season.

\_\_\_\_\_ Initial

I fully understand that I will not be released to play with another club until the above-mentioned registration fees, financial aid and scholarship funds and team fees have been paid in full.

\_\_\_\_\_ Initial

I fully understand and agree that should City SC award me financial aid the receiving team player agrees to:

- Attend all practices and games with their team.
- Complete the entirety of the season including post season play.
- Participate in team & club functions and volunteer when needed.

\_\_\_\_\_ Initial

I fully understand and agree that should City SC award me financial aid under the terms of this agreement I may be required to volunteer up to 10 hours of work for the club.

\_\_\_\_\_ Initial

I fully understand that Financial Aid grants vary in size and that financial aid does *not* cover team fees, tournament fees or uniform costs.

\_\_\_\_\_ Initial

**As the parent or legal guardian of the below named City SC financial aid applicant, I fully understand and agree to all terms, conditions, and provisions, as set forth in this agreement and fully understand and agree that failure to comply with said terms, conditions and provisions shall result in the forfeiture of any financial aid awards regardless of them being classified as earned or unearned.**

\_\_\_\_\_  
Signature of Parent / Legal Guardian of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Printed Name of Financial Aid Applicant/Player