

# ARSENAL UNITED FC

**CONFIDENTIAL**

Application Date: \_\_\_\_\_



Submit Completed application to:

Financial Aid Committee

P.O. Box 3825

Nampa, ID 83653

## 2017/2018 APPLICATION FOR FINANCIAL AID

### A. Player Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

School \_\_\_\_\_ City \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

### B. Parent Information

Parent's Name \_\_\_\_\_ Email \_\_\_\_\_

SSN: \_ \_ - \_ - \_

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

Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_

Parent's Name \_\_\_\_\_ Email \_\_\_\_\_

SSN: \_ \_ - \_ - \_

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

Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_

# ARSENAL UNITED FC

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## List all children in your family and whether they are registered with Arsenal United FC :

Name \_\_\_\_\_ Age \_\_\_ School \_\_\_\_\_ AUFC Player? Current/Former/No

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Name \_\_\_\_\_ Age \_\_\_ School \_\_\_\_\_ AUFC 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? Yes/No 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 your 2016 IRS Income Tax return or other Income Tax return? \_\_\_\_\_

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

If you have not filed your 2016 IRS tax return please provide your estimated adjusted gross income for 2016: \_\_\_\_\_

**\*\*please provide a copy of 1099's or W2 forms to provide total income for 2011**

# ARSENAL UNITED FC

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In 2016, 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 Woman, Infants and Children

What is your families' adjusted gross income for 2016? \_\_\_\_\_

Adjusted Gross Income is on IRS form 1040 Line 37, 1040 A Line 21 or 1040 EZ Line 1

Father/Stepfather's earnings from working in 2016? \_\_\_\_\_

Mother/Stepmother's earnings from working 2016? \_\_\_\_\_

Total amount of Income tax paid for 2016? \_\_\_\_\_

Total Exemptions for 2016? \_\_\_\_\_

Exemptions are the IRS form 1040 lined 6d or 1040 A line 6d. On the 1040 EZ, if a person either the "you" or "spouse" box line 5 use EZ worksheet line F to determine the number of exemptions (\$3400 equals one exemption). If a person didn't check either box, enter 01 if he/she is single or 02 if he/she is married.

Home many people are in your parent's household? \_\_\_\_\_

This includes all children, adults and adult children living within the household.

How much of the AUFC Club fee can you pay? \_\_\_\_\_

Please state your reason(s) for requesting financial aid from AUFC: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much assistance towards AUFC Club fees are you requesting? \$ \_\_\_\_\_

Are you willing to volunteer for AUFC? Yes/No If yes, what do you like to do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ARSENAL UNITED FC

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Submit your signed and completed application, along with a copy of the front page of your 2016 filed federal tax return to:

Financial Aid Committee

P.O. Box 3825

Nampa, ID 83653

Please direct any questions you might have to: AID@arsenalunited.com

## Terms of the Arsenal United FC Financial Aid Policy

The AUFC Financial Aid Committee meets as needed to process applications. AUFC 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 AUFC 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**

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

We hereby request financial aid from the Arsenal United FC soccer club:

\_\_\_\_\_  
Parent(s) Guardian Signature                      Print Name                      Date

\_\_\_\_\_  
Parent(s) Guardian Signature                      Print Name                      Date

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### For AUFC Financial Aid Committee Use Only

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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/ email/ US Mail/ In Person    By \_\_\_\_\_

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