

ARSENAL UNITED FC

CONFIDENTIAL

Application Date: _____



Submit Completed application to:

Financial Aid Committee

P.O. Box 3825

Nampa, ID 83653

2012/2013 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 _____

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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

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 2011 IRS Income Tax return or other Income Tax return? _____

What Income Tax return was filed or will be filed for the 2011 year ___ IRS 1040 ___ IRS 1040a/1040EZ

___ Foreign Tax Return ___ Tax Return with Puerto Rico or other US Territory

If you have not filed your 2011 IRS tax return please provide your estimated adjusted gross income for 2011: _____

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

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In 2011, 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 2011? _____

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 2011? _____

Mother/Stepmother's earnings from working 2011? _____

Total amount of Income tax paid for 2011? _____

Total Exemptions for 2011? _____

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 parents 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? _____

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Submit your signed and completed application, along with a copy of the front page of your 2011 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

For AUFC Financial Aid Committee Use 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/ email/ US Mail/ In Person By _____

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