

Falmouth Soccer Club

Financial Aid Application

Financial Aid is available from Falmouth Soccer Club (FSC) for players who require financial assistance with registration fees and/or uniform cost, and is distributed exclusively on the basis of financial need.

Player's Name: _____

Player's Date of Birth: _____ **FSC Age Group/Coach:** _____

Parents' and/or Guardians' Names:

(Mother) (Father) (Other: _____)

Player's Address: _____

Phone Numbers: _____
(Home) (Cell) (Work)

Email Address: _____

Scholarship benefit applied for: (Please check):

Full Registration Fee: _____ Half Registration Fee: _____ Uniform Cost: _____

Number of children from this family **playing soccer** with FSC this season: _____

Number of children from this family **requesting financial aid** from FSC this season: _____

Please provide a brief statement of circumstances explaining the reason for your application and the basis for eligibility for the scholarship requested.

PLEASE NOTE: Documents may be required to verify the level of need (e.g. statement of income and expenses for the year)

Parent / Guardian Signature

Date

Please complete form and return to your child's coach OR mail to:

Falmouth Soccer Club Treasurer, Barbara Almeida, P.O. Box 464, West Falmouth, MA, 02574