

**ARLINGTON SOCCER ASSOCIATION (ASA)**  
**TRAVEL SOCCER FINANCIAL AID REQUEST FORM**

**Instructions:** To apply for a reduction of your 2009-2010 travel soccer fee, you must submit a complete Financial Aid Application, consisting of:

- 1) This completed and signed Financial Aid Request Form, and
- 2) A copy of one of the supporting documents listed in Item 8 on this Form.

Please submit your complete Financial Aid Application by mail, email, or fax to:

Lenny Mayor  
6205 Nelway Drive  
McLean, VA 22101  
Fax 703-356-4073

For further information, contact Lenny Mayor at [atscfinancialaid@arlingtonsoccer.com](mailto:atscfinancialaid@arlingtonsoccer.com) or at 703-356-0379.

**PLEASE READ CAREFULLY & COMPLETE ALL ITEMS BELOW:**

1. Name of Player: \_\_\_\_\_ Player's Team: \_\_\_\_\_
2. Parent's or Guardian's Name: \_\_\_\_\_
3. Parent's or Guardian's Address: \_\_\_\_\_  
\_\_\_\_\_
4. Parent's or Guardian's Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_
5. Number of adults in the player's household: \_\_\_\_\_
6. Number of children (under age 18) in the player's household: \_\_\_\_\_
7. Amount your family can afford to pay **per month** for soccer this year: \$ \_\_\_\_\_ / month
8. The following documents are acceptable as verification of your household income. Please indicate which one you are providing as part of your application:  
  
\_\_\_\_ Current Proof of Eligibility for Free or Reduced Lunch Program  
\_\_\_\_ Current Proof of Eligibility for Woman Infant and Children Program (WIC)  
\_\_\_\_ Current Proof of Eligibility for Temporary Assistance to Needy Families Program (TANF)  
\_\_\_\_ Current Proof of Eligibility for Food Stamps  
\_\_\_\_ 2008 Federal Tax 1040 forms (first page only) with W-2s and 1099s **filed by all members of the household**  
\_\_\_\_ 2008 Virginia State 76X series tax form (first page only) with W2s and 1099s **filed by all members of the player's household**

If you do not have any of the above documents but still wish to apply for financial aid, please contact Lenny Mayor at [atscfinancialaid@arlingtonsoccer.com](mailto:atscfinancialaid@arlingtonsoccer.com) or at 703-356-0379.

9. COMMENTS: Please feel free to write in the space below any additional information that may assist the ASA Financial Aid Committee in evaluating your financial need.

10. Read and initial next to each paragraph below. Then sign and date below.

\_\_\_\_\_ I certify that all the information on this application is true and correct, that all required financial documents are attached, and that all income is reported.

\_\_\_\_\_ I understand that after review of my application, the Financial Aid Committee may determine that I am responsible for a portion or possibly full payment of the 2009-2010 annual player fee for travel soccer. After the ASA Financial Aid Committee notifies me of the amount of aid I will receive, I will need to contact my child's coach or team manager to let them know if my child will or will not play.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_