

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

**Instructions:** ASA is strongly committed to ensuring that all players who are selected for our travel soccer teams are able to play, regardless of their family's financial resources. To apply for a reduction of your 2008-2009 travel soccer fee, you must submit a complete Financial Aid Application, consisting of:

- 1) This completed and signed Financial Aid Request Form
- 2) A copy of one of the supporting documents listed in Item 12 on this Form.

Please submit your complete Financial Aid Application  
NO LATER THAN FRIDAY, JUNE 27, 2008 to:

Lenny Mayor  
ASA Travel Soccer Financial Aid Chairman  
6205 Nelway Drive  
McLean, VA 22101

For further information, log onto [www.atsc-va.org](http://www.atsc-va.org), or contact Lenny Mayor at [financialaid@atsc-va.org](mailto:financialaid@atsc-va.org) or 703-356-0379.

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

1. Name of Player: \_\_\_\_\_ Player's Date of Birth: \_\_\_\_\_
2. Player's Team: \_\_\_\_\_ Player's School: \_\_\_\_\_
3. Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_
4. Player's Address: \_\_\_\_\_
5. Parent's or Guardian's Address, if different from player's address:  
\_\_\_\_\_
6. Father's Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_
7. Mother's Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_
8. Email address: \_\_\_\_\_
9. Number of adults in the player's household: \_\_\_\_\_
10. Number of children (under age 18) in the player's household: \_\_\_\_\_
11. Amount your family can afford to pay **per month** for soccer this year: \$ \_\_\_\_\_ / month

12. 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

\_\_\_ 2007 Federal Tax 1040 forms (first page only) with W-2s and 1099s **filed by all members of the household**

\_\_\_ 2007 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 [financialaid@atsc-va.org](mailto:financialaid@atsc-va.org) or 703-356-0379.

13. 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.

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14. 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 2008-2009 annual player fee of \$1,400 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 \_\_\_\_\_