

CLAWSON SOCCER FINANCIAL AID REQUEST APPLICATION

(All information about the family's identity is kept confidential. The circumstances of the request for financial aid will only be given to the registrar.)

Player information

Child's Name: _____ Age Group: _____ Division: _____
(One application per child)

Guardian Information

Parent/Guardian Name: _____ Home Phone: _____
Address Street: _____ City: _____ State: Michigan Zip: _____

Background Information

1. School Child Attends: _____ Grade Level: _____
2. Is Parent(s)/Guardian(s) Employed?: _____ If not employed, is it by choice or are you unemployed due to loss of job, disability, or other reason? Please list reason.

If unemployed, for how long:

3. Does your child qualify for one or more public assistance programs? Please check all that apply.

- Free or Reduced Lunch General Relief
 Food Stamps Aid for Dependent Children (ADC)
 Foster Card Medicaid
 Social Security Income (SSI)

4. Has your child ever received a registration waiver fee from CS?

5. List any other circumstances that may assist the Committee in approving request:

I certify that all of the above information is true and correct. I understand this information is being given to determine eligibility for financial aid by CS and that the CS Financial Aid Committee may verify the information on this application. I understand that my child's participation in this program requires a commitment to attend a minimum of 80% of the scheduled practices and games, and that applying for financial assistance does not guarantee that any financial assistance will be awarded.

Signature of Parent/Guardian: _____ Date: _____

OFFICE USE ONLY

Date Received: _____

Approved For: _____

House League Registration Fee Awarded: _____