



Financial Aid Application Page 1 of 2

FC Alliance offers a Financial Aid Program to eligible players that can be applied towards a player's Club Fees. To be considered, the completed Financial Aid Application, and required paperwork/documentation must be received prior to the first day of practice.

Completed applications and documentation should be mailed to: FC Alliance, Attn: Treasurer, PO Box 22603, Knoxville, TN 37933. All information will be kept confidential. Please note the Club has a limited budget set aside to accommodate these requests; funds will be awarded based on need and eligibility.

ALL BLANKS MUST BE FILLED-IN COMPLETELY & FORM SIGNED BY PARENT OR LEGAL GUARDIAN

Level of Scholarship Requested for Club Fees? (circle one) 25% 50% 75%
Household Income (Include Mother & Father): Weekly: \$ _____ Bi-Weekly: \$ _____ Monthly: \$ _____

Required Paperwork: Must submit prior year Tax Return in order for the application to be considered.

Team Assigned:	_____	Coach:	_____	Today's Date:	_____
Player's Name:	_____	DOB:	_____	Gender:	BOY GIRL
Address:	_____				
City:	_____	State:	_____	Zip:	_____
Email Address:	_____	Home Phone:	_____	Mobile Phone:	_____
Mother's Name:	_____	DOB:	_____	Maiden Name:	_____
Email Address:	_____	Mobile Phone:	_____	Bus Phone:	_____
Alternate Contact:	_____	Home Phone:	_____	Receive Texts?	YES NO
Address:	_____				
City:	_____	State:	_____	Zip:	_____
Father's Name:	_____	DOB:	_____		
Email Address:	_____	Mobile Phone:	_____	Bus Phone:	_____
Alternate Contact:	_____	Home Phone:	_____	Receive Texts?	YES NO

LIST OTHER CHILDREN PLAYING FOR FC ALLIANCE

Player's Name	Program/Team	Gender (circle)
_____	_____	BOY GIRL
_____	_____	BOY GIRL
_____	_____	BOY GIRL

LIST CHILDREN PLAYING IN A RECREATIONAL LEAGUE

Player's Name	Age	Program/Team	Gender (circle)
_____	_____	_____	BOY GIRL
_____	_____	_____	BOY GIRL



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Please list any circumstances or additional information that you would like the scholarship committee to consider. (Use the back of the form if necessary).

As a condition for receiving financial aid, you agree to volunteer your time at our events this season. Please indicate below at which event(s) you would like to volunteer. (2 hours for each \$100 in aid awarded)?

Event	Volunteer (circle)		Number of Hours
Fall Classic Tournament (September 8-9, 2012)	YES	NO	
Alliance Premier Cup Spring Tournament (April, 2013)	YES	NO	
College Showcase (Jan 26-27 & Feb 2-3, 2013)	YES	NO	
Field Maintenance Project	YES	NO	
Concessions	YES	NO	
Other (Describe)	YES	NO	

Do you participate in the "Scrip Program" or "Grocery Card Program" whereby you can earn money to pay your club fees, team fees, uniforms and equipment by shopping at various local businesses (circle)? YES NO

I attest that the information I have provided in this application is true and I understand that financial aid is awarded for one season at a time. Further I agree that if I leave FC Alliance prior to the completion of the season for which aid has been awarded, the full fee is due and payable.

Parent/Legal Guardian Signature: _____ Date: _____

Mail completed application and documentation to: Attention Treasurer, FC Alliance, PO Box 22603, Knoxville, TN 37933

-----THIS SECTION FOR INTERNAL USE ONLY-----

FINANCIAL AID GRANTED: YES NO
AMOUNT GRANTED: _____ DATE NOTIFIED: _____