



2018/2019 AFC ACADEMY TRAINING FEES FINANCIAL AID APPLICATION

CVSC offers a limited amount of financial aid to AFC Academy players in need. The financial aid will be deducted from the player's competitive training fees at the end of the season. The financial aid does not cover registration fees, comp fees or team fees. **If you need an extended payment plan to cover any remaining registration and training fees please indicate so in the application below.** Turn in application and tax forms to Castro Valley Soccer club before **May 25, 2018**. Email scanned copy to compdirector@castrovalleysoccer.com or mail or drop off in locked mail box at 3585 Castro Valley Blvd, Castro Valley, CA 94546 along with:

- 1) Copy of the parent(s)/guardian(s) **2017** income tax returns and **2017** W-2 wage statement
- 2) Completed financial aid application

The application will be reviewed and you will be notified of a decision as soon as possible. If approved you will be contacted with instructions on how to register.

PLAYER'S NAME: _____ **BIRTHDATE:** _____
(one application per player in family must be submitted)

TEAM (e.g. AFC 2006 Boys): _____ **COACH NAME:** _____

FATHER'S NAME: _____ **EMAIL:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

EMPLOYER: _____

WORK PHONE: _____ **HOME PHONE:** _____ **CELL PHONE:** _____

MOTHER'S NAME: _____ **EMAIL:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

EMPLOYER: _____

WORK PHONE: _____ **HOME PHONE:** _____ **CELL PHONE:** _____

LIST ALL CHILDREN IN YOUR FAMILY INCLUDING THOSE NOT APPLYING:

NAME: _____ **AGE:** _____ **SCHOOL:** _____ **PLAYER:** YES NO

NAME: _____ **AGE:** _____ **SCHOOL:** _____ **PLAYER:** YES NO

NAME: _____ **AGE:** _____ **SCHOOL:** _____ **PLAYER:** YES NO

NAME: _____ **AGE:** _____ **SCHOOL:** _____ **PLAYER:** YES NO

HOW MANY YEARS HAS YOUR FAMILY BEEN A MEMBER OF CVSC, MSC or PSC? _____

PLEASE STATE YOUR REASON(S) FOR REQUESTING FINANCIAL AID. IF MORE SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET. **PLEASE ALSO INCLUDE REASON(S) IF YOU NEED AN EXTENDED PAYMENT PLAN TO COVER REMAINING REGISTRATION AND TRAINING FEES:**

LIST ALL ADDITIONAL INCOME YOU OR ANYONE IN YOUR FAMILY RECEIVES THAT IS NOT LISTED ON YOUR INCOME TAX FORMS (CHILD SUPPORT, CHILDCARE SERVICES, ETC):

I AGREE THAT THE INFORMATION I HAVE SUBMITTED ABOVE IS ACCURATE AND ACCEPT THE FINANCIAL AID REQUIREMENTS SET FORTH BY CASTRO VALLEY SOCCER CLUB

PARENT/GUARDIAN SIGNATURE

DATE