2020/2021 AFC ACADEMY TRAINING FEES FINANCIAL AID APPLICATION

AFC offers a limited amount of financial aid to AFC players in need. Financial aid recipients will be notified of their financial aid award and will receive a discount code from the registrar to use in registering their player. 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

 If you need an extended payment plan to cover any remaining registration and training fees please indicate so in the application below. Email scanned copy to Financial_Aid@afcacademy.club along with:

1) Copy of the parent(s)/guardian(s) 2018 or 2019 income tax returns and 2019 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: **_____**

PARENT 1 NAME: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMPLOYER: _____

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

PARENT 2 NAME: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMPLOYER: _____

WORK   HOME   CELL
PHONE: _____   PHONE: _____   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 AFC,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: (If more space is needed, please attach a separate sheet)**

_____

_____

_____

_____

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