



2021/2022 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) 2019 or 2020 income tax returns and 2020 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 PHONE: _____ **HOME PHONE:** _____ **CELL PHONE:** _____

PARENT 2 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 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