

APPLICATION FOR FINANCIAL AID

2025/2026

CONFIDENTIAL

Amount of financial aid issued varies depending on available funds. Complete this form in its entirety and only request the amount you cannot afford to pay. Additional information to support the request is required including prior year W2 form and tax forms.

PLAYER INFORMATION			
Last Name:	First Name:	Birth Year:	Gender:
Address:		City:	Zip:
Team Name:		Coach Name (if known):	

PLAYER INFORMATION			
Last Name:	First Name:	Birth Year:	Gender:
Address (if different from above):		City:	Zip:

Team Name:	Coach Name (if known):
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PARENT/GUARDIAN INFORMATION			
Last Name:	First Name:	Relationship to Player:	
Address (if different from above):		City:	Zip:
Phone Number:		Email:	

PARENT/GUARDIAN INFORMATION			
Last Name:	First Name:	Relationship to Player:	
Address (if different from above):		City:	Zip:
Phone Number:		Email:	

ADDITIONAL INFORMATION

Please list all children in your family, including those not applying:

Name:	Age:	School:	DUFC Player - Y/N
Name:	Age:	School:	DUFC Player - Y/N
Name:	Age:	School:	DUFC Player - Y/N
Name:	Age:	School:	DUFC Player - Y/N

How many years has your family been a member of Dublin United Football Club?

Does your family have single or multiple incomes? Please identify type:

How much financial aid is requested?

Are prior year volunteer hours fulfilled completely?

Are prior year league fees paid in full?

Please state your reason(s) for requesting financial aid:

Is your current financial situation temporary or permanent? Please explain: