



# 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 emailed to: [Helpdesk@fcallianceknox.org](mailto:Helpdesk@fcallianceknox.org)

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



## Financial Aid Application Page 2 of 2

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

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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	YES	NO	
Alliance Premier Cup Spring Tournament	YES	NO	
College Showcase	YES	NO	
Field Maintenance Project	YES	NO	
Concessions	YES	NO	
Other (Describe)	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: \_\_\_\_\_

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

FINANCIAL AID GRANTED: YES NO  
AMOUNT GRANTED: \_\_\_\_\_ DATE NOTIFIED: \_\_\_\_\_