**2019/20 Cape Coral Soccer Association**

**Application for Consideration of Financial Aid**

**APPLICATION DUE DATE 9/7/2019**

The Cape Coral Soccer Association (CCSA) has instituted a Financial Aid Program available to players needing financial assistance. CCSA’s Financial Aid funding may only be applied to the current season’s *registration* fee.

If awarded any financial aid, amount will be applied to the END of any payment agreements.

Leaving CCSA for any reason during the Scholarship Season, prior to all financial obligations being fulfilled, may result in players play being suspended with State and/or local associations. This may impact the player’s ability to register with CCSA and/or any other State and/or local associations for following years.

The 2019/20 Financial Aid program offers *up to* $160.00 per player

**Applications will NOT be accepted without the following required verification of income:**

\_  **Please attach a copy of the 2018 IRS 1040 (Income tax return).**

\_\_\_ **Please attach a copy of the Schedule C. (Income tax return for self-employed).**

\_\_\_ **Please attach verification of Medicare or Food Stamps eligibility (if applicable).**

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APPLICATION DATE \_\_\_\_\_\_\_\_\_ TEAM \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE \_\_\_\_\_\_\_ Boy Girl

PLAYER NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, hereby state all the above information to be true and correct.

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Please email completed form to CCSA Treasurer-Cathy Hunter at pres@capecoralsoccer.com

AMOUNT AWARDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_