

Utah Avalanche Girls Soccer Club Application for Financial Aid 2009-10 Season

Utah Avalanche has limited financial resources available for those who need aid with club fees. This form must be completed to be considered for financial aid and **returned as stated below by July 10, 2009**. Applications are considered on a case-by-case basis, and all decisions are in the sole discretion of Utah Avalanche. **All families receiving financial aid will be asked to contribute volunteer time to club and team functions.** All players, directly or through others, must pay all team fees including: Tournament fees; Coach's travel expenses to tournaments, state registration and referee fees, tournament fees, indoor season or practice facility rentals, and other items deemed necessary by the Team Coach.

Age Group: _____ Team Name: _____ Coach: _____

Player Last Name: _____		Player First Name: _____	
Mailing Address: _____			
Home Phone: _____	Cell Phone _____	Player's Email: _____	
		@	

GUARDIAN INFORMATION:

Occupation	Work Phone	Cell Phone	Email
			@
Occupation	Work Phone	Cell Phone	Email
			@

Estimated Current Seasonal Year (July 2009 through July 2010) Combined Family Income:

Number of Family Members _____

Briefly Explain Need for Financial Aid or other relevant conditions, please use additional pages if necessary¹.

If player qualifies for free/reduced school lunch, food stamps, CHIP, or similar program, please attach a confirmation of that eligibility.

Financial Aid Requested
 Cost of Club Fees \$ _____ Amount You Can Pay \$ _____
 Amount of Aid Requested \$ _____

We (I) certify that to the best of my knowledge the above information is true and accurate.

 Parent or Guardian Signature Date Parent or Guardian Signature Date

¹ The Utah Avalanche Board reserves the right to request additional income or expense verification, including tax returns, before completing its review and taking action on any financial aid request.

Player Signature if Eighteen (18) or Older

Date

PLEASE RETURN THE COMPLETED FORM IN A SEALED ENVELOPE **BY JULY 10, 2009**, MARKED
"ATTENTION: FINANCIAL AID SUB-COMMITTEE", TO YOUR TEAM'S COACH OR YOU MAY MAIL
IT DIRECTLY TO UTAH AVALANCHE, C/O Mark Gibb, 111 E. Broadway, #900, Salt Lake City, Utah 84111

DO NOT WRITE IN THIS SPACE
FOR BOARD USE ONLY

Request Approved _____

Request Denied _____

Amount Requested

\$ _____

Amount Approved

\$ _____

Required Family Contribution

\$ _____