

COMPETITIVE FINANCIAL AID APPLICATION

Name of player:			ch:	Те	Team:		
were filed, check t		below. Failure to pro		amily's most recent f			
tryouts to be cons s.valencia@ourcit M, Carlsbad, 9201 List all household	sidered for financial ysc.com, or contact 11. Hours: call or en members, regardle	aid. Please direct a the City SC Office a nail our office for ope ss of whether or not	ny questions to our to 760-434-5600 or joining hours.	city SC Office no late Director of Financial info@ourcitysc.com.	Aid, Steve Valence Address: 2075 Co	ia, at: orte Del Nogal, Suite must complete an	
Full Name of Family Member	Relation to Player	Gross Annual Earnings from Employment - Include all employment (1040 Line 1)	Gross Annual income from retirement/ social security	Annual income from food stamps, Calworks, FDPIR, alimony child support	All other Income	Total income (1040 Line 9)	
A copy of ARE NOT ACCER I have paid I hereby certify that a further verification and	f page 1 of my mose PTED the deposit all of the above information failure to provide the	nation is true and correc ne information will result	040) – W2s OR SC t and that all househol	come: HOOL LUNCH LETT Id income is reported. I is being reviewed for final trinformation may result	further understand C ncial support from C	City SC may ask for	
Signature of Adult Applicant			Date		Telephone Number		
Print name of Adult Applicant			Email Address				
Address				Citv	Zip Code		

Financial Aid Agreement

Please read the following terms and conditions carefully and sign the agreement below
I,, as parent or legal guardian of applicant player, attest and hereby (Printed name of parent / legal guardian) hold true that all of the information I have provided on this application for financial aid is true and accurate.
I fully understand and agree that should City SC award me financial aid under the terms of this agreement, the award shall be applied to the registration fees and the recipient of the financial aid scholarship is hereby committed to remain registered with City SC throughout the respective season, including post season play.
Initial
I fully understand and agree that should the above named applicant leave or become unregistered with City SC, for any reason whatsoever, prior to the end of the season that as the above named Parent or Legal Guardian, I will be personally responsible for payment or repayment of the FULL registration fee including any financial aid or scholarship money that was allocated, as well as the full amount of team fees budgeted for the season.
Initial
I fully understand that I will not be released to play with another club until the above-mentioned registration fees, financial aid and scholarship funds and team fees have been paid in full.
Initial
fully understand and agree that should City SC award me financial aid the receiving team player agrees to: - Attend all practices and games with their team - Complete the entirety of the season including post season play - Represent the club in a positive and responsible manner - Participate in team & club functions and volunteer when needed - Maintain a minimum of a 2.0 GPA during middle school/high school (GPA verification may be requested at any time) - No guest play with competing teams outside of the club
Initial
I fully understand and agree that should City SC award me financial aid under the terms of this agreement I may be required to volunteer up to 10 hours of work for the club.
Initial
I fully understand that Financial Aid grants vary and will cover a maximum of 50% of registration fees after the deposit is paid and that financial aid does not cover team fees, tournament fees or uniform costs.
Initial
As the parent or legal guardian of the below named City SC financial aid applicant, I fully understand and agree to all terms, conditions and provisions, as set forth in this agreement and fully understand and agree that failure to comply with said terms, conditions and provisions, shall result in the forfeiture of any financial aid awards, regardless of them being classified as earned or unearned.
Signature of Parent / Legal Guardian of Applicant (Date)
Printed Name of Parent/Guardian Printed Name of Financial Aid Applicant/Player
City SC Use Only
Recommendation by:
Recommended Not Recommended City SC Committee - Date