

Louisville Soccer
Application for Financial Aid



Player's Name: _____

Team: _____ Coach: _____ Season _____

1. What are you applying for?

- Payment Plan
- Full Scholarship
- Partial Scholarship

2. Is parent/ guardian unemployed? YES NO

 o If so, how long? _____

3. Does your child qualify for one or more public assistance program? *Please select all that apply.*

- Free/ Reduced Lunch
- Food Stamps
- Foster Care
- Social Security Income
- General Relief
- Aid for Dependent Children
- Medicaid

4. Has your player received a scholarship in a prior season? YES NO

5a. If you are requesting a scholarship, how much of the season fee are you able to pay?

5b. If you are requesting a payment plan, please complete the following:

of Installments Requesting: _____ **Fees to be paid in full by:** _____

| | | |
|------------------------|-------------------|--------------------|
| Installment # 1 | (Amount) \$ _____ | Payment Date _____ |
| Installment # 2 | (Amount) \$ _____ | Payment Date _____ |
| Installment # 3 | (Amount) \$ _____ | Payment Date _____ |
| Installment # 4 | (Amount) \$ _____ | Payment Date _____ |
| Installment # 5 | (Amount) \$ _____ | Payment Date _____ |

I certify that all of the above information is true and correct. I understand this information is being shared to determine eligibility for financial aid. I understand that the Financial Aid Committee may request supporting documentation to verify the information on this application and that aid may be denied if requested documentation is not supplied.

X _____

Date _____

Parent/ Guardian (Printed) _____