Louisville Soccer

Application for Financial Aid



eam:_	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	☐ General Relief			
	☐ Food Stamps	☐ Aid for Dependent Children			
	☐ Foster Care	□ Medicaid			
	☐ Social Security Income				
4.	Has your player received a scholarsh	p in a prior season?			
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:			

	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
request su	pporting documer	• • •	nd that the Financial Aid Committee may on on this application and that aid may be
x			Date
Parent/ G	uardian (Printed)_		

Please email the following information to the Louisville Soccer Administrator at admin@louisvillesoccer.com as well as your age group specific coach and/or team manager.