

FINANCIAL AID APPLICATION

Name of player:		Coa	Coach:				
income taxes were	e filed, check the app	propriate box below.	Attach a separate s	page of the family's manage of the family's manage in the family result in this	nformation you wa	nt to provide the	
thirty days after y		stered to be conside	red for financial aid	jo Valley United So . Email application to	-	-	
	_		•	or separate househo ce of annual income o	•	•	
Full Name of Family Member	Relation to Player	Gross Annual Earnings from Employment - Include all employment (1040 Line 7)	Gross Annual income from retirement/ social security	Annual income from food stamps, Calworks, FDPIR, alimony child support	All other Income	Total income (1040 Line 22)	
• A copy or LETTER: I have paid \$Fin I hereby certify that a further verification as	S FOR FREE/REDU the deposit ancial Aid Requeste all of the above informate nd failure to provide the	2019 tax return (10/ CED MEALS ARE N d. Please provide d ation is true and correct information will result	40) and a copy of m IOT ACCEPTED C ollar amount. Application that all household in this application not	ome: by most recent pay studeck if Tax return not cations that say as made in the come is reported. It is being reviewed for final correct information may	t filed nuch as possible Al further understand C nncial support from C	RE NOT ACCEPTED CVUSC may ask for CVUSC. CVUSC	
Signature of Adult Applicant			Date 7		elephone Number		
Print name of Adult Applicant			Email Address				
Address				City	- Zin Code		



FINANCIAL AID AGREEMENT

Please read the following terms and conditions carefully a	and sign the agreement below
	nt 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.
terms of this agreement, the receiving team player agrees - Attend all practices and games	
 Represent the club in a positive and responsible manner Participate in team & club functions and volunteer when 	
I fully understand and agree that should CVUSC award m to volunteer at least one shift at Club tournaments.	e financial aid under the terms of this agreement I will be required
I fully understand that Financial Aid grants vary and will copaid and that financial aid does not cover uniform costs.	over a maximum of 50% of registration fees after the deposit is
the award is deemed to be earned, the award shall be app	SC award me financial aid under the terms of this agreement, once plied to the registration fees and the recipient of the financial aid is aghout the respective season. A season includes post-season play naments.
all terms, conditions and provisions, as set forth in th	VUSC financial aid applicant, I fully understand and agree to is agreement and fully understand and agree that failure to hall result in the forfeiture of any financial aid awards, arned.
Signature of Parent / Legal Guardian of Applicant (Da	te)
Printed Name of Parent/Guardian	Printed Name of Financial Aid Applicant/Player
CVUSC Use Only	
Recommendation by:	
Pagammandad Nat Pagammandad	CVILISC Committee Date