



2016-2017 Triangle United Soccer Financial Aid Application

Player Name: _____

Parent/Guardian Name: _____

Player's Team: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

*Monthly Family Income: (Take home wages + public assistance + child support/alimony + social security + disability + other)

\$ _____

*documentation of income may be requested and will be kept in strict confidentiality

Number of people living in household: _____

Family's Contribution to Fees: \$ _____

Financial aid Amount Requested: \$ _____

ALL PARTIAL SCHOLARSHIPS WILL REQUIRE FULL PAYMENT BEFORE THE PLAYER IS ELIGIBLE TO PARTICIPATE IN GAMES OR TOURNAMENTS

Other circumstances to be considered:

Parent/Guardian Signature: _____ Date: _____