



Bethlehem Soccer Club

Player Financial Assistance Application

Contact Information

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| Parent Name | |
| Player Name | |
| Street Address | |
| City, State, Zip | |
| Phone | |
| E-Mail Address | |

Program Applying for:

_____ Recreation

_____ Full Year Academy U8-U10

_____ Full Year Academy U12-U19

_____ Spring Only Option Academy U8-U19

Financial Information

Amount family can contribute \$ _____

Amount of Financial assistance requested \$ _____

Gross Family Income

_____ Under \$45,000

_____ \$67,500 – \$95,000

_____ \$45,000 - \$67,500

_____ Over \$95,000

Household Size: # of Adults _____

of Children _____

Please explain the reason you are requesting a scholarship and provide any additional information that should be considered by the committee. Please include relevant documentation in support (Recent changes in circumstances, employment status, medical, etc.).

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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted for financial assistance, any false statements, omissions, or other misrepresentations made by me on this application may result in the loss of the assistance. This information will be kept confidential and will only be seen by authorized personnel in deciding on financial assistance. Also, I understand that any other team fees or costs are not provided for with this registration fee assistance (i.e. Uniform, tournament registration, school gym rentals, winter indoor soccer league...)

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|-----------------|--|
| Name (printed): | |
| Signature: | |