Ashland Soccer Club Financial Assistance Application

Please complete all sections of this form. All information is kept confidential and used solely to determine financial assistance eligibility. Please email this form to: soccerinashland@gmail.com

Section 1: Player & Family Information

Player's Full Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Parent/Guardian Name(s): _____

Primary Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Section 2: Program Selection

Which program are you applying for?

☐ Recreational Soccer

☐ Travel Soccer

Team or Age Group (if known): _____

Section 3: Financial Information

Number of household members: _____

Annual Household Income (before taxes): $_____

Do you qualify for any of the following (check all that apply):

☐ Free or Reduced Lunch Program

☐ SNAP (Food Stamps)

☐ TANF (Temporary Assistance for Needy Families)

☐ Medicaid

☐ Other (please describe): _____

Please describe any special financial circumstances:

_____

_____

Section 4: Assistance Request & Commitment

How much financial assistance are you requesting? (Estimate okay): $_____

Are you able to commit to volunteer hours? ☐ Yes ☐ No

If yes, preferred area: ☐ Coaching ☐ Events ☐ Admin Help ☐ Other: _____

Section 5: Signature & Documentation Checklist

Required documents to include:

☐ Proof of income (tax return, W-2, or pay stub)

☐ Documentation of public assistance (if applicable)

☐ Letter explaining special circumstances (if applicable)

I certify that the information provided is true and complete to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____