

CLAWSON SOCCER FINANCIAL AID REQUEST APPLICATION

(All information about the family's identity is kept confidential. The circumstances of the request for financial aid will only be given to the registrar.)

Player information

Child's Name: [Click here to enter text.](#) Age Group: [Choose an item.](#) Division: [Choose an item.](#)
(One application per child)

Guardian Information

Parent/Guardian Name: [Click here to enter text.](#) Home Phone: [Click here to enter text.](#)
Address Street: [Click here to enter text.](#) City: [Click here to enter text.](#) State: Michigan Zip: [Click here to enter text.](#)

Background Information

1. School Child Attends: [Click here to enter text.](#) Grade Level: [Click here to enter text.](#)
2. Is Parent(s)/Guardian(s) Employed?: [Choose an item.](#) If not employed, is it by choice or are you unemployed due to loss of job, disability, or other reason? Please list reason.
[Click here to enter text.](#)

If unemployed, for how long: [Click here to enter text.](#)

3. Does your child qualify for one or more public assistance programs? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Free or Reduced Lunch | <input type="checkbox"/> General Relief |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Aid for Dependent Children (ADC) |
| <input type="checkbox"/> Foster Card | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Social Security Income (SSI) | |

4. Has your child ever received a registration waiver fee from CS? [Choose an item.](#)

5. List any other circumstances that may assist the Committee in approving request:

[Click here to enter text.](#)

I certify that all of the above information is true and correct. I understand this information is being given to determine eligibility for financial aid by CS and that the CS Financial Aid Committee may verify the information on this application. I understand that my child's participation in this program requires a commitment to attend a minimum of 80% of the scheduled practices and games, and that applying for financial assistance does not guarantee that any financial assistance will be awarded.

Signature of Parent/Guardian: _____ Date: _____

OFFICE USE ONLY

Date Received: _____

Approved For: _____

House League Registration Fee Awarded: _____
