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Application Date: _____

Received:_____

A. Player #1 Information

Mustang Soccer 2023 FINANCIAL AID APPLICATION SUBMISSION DEADLINE: June 1, 2023

Mustang Soccer League Financial Aid Committee 4680 Camino Tassajara Danville, CA 94506 accounting@mustangsoccer.com

| Name | | | | | _ Date of Birth | |
|-----------------------|----------------|--------------|--------------|------------|-----------------|-----|
| Address | | | | | _ City | Zip |
| School | | | | | Grade | |
| Home Phone (|) | Cell Phone (|) | E-Mail | | |
| Playing Level: | □ Recreational | Rec Plus | Comp Premier | Comp Elite | ECNL | |

Player #2 Information

| Name | | | | | Date of Bi | rth | |
|----------------|--------------|--------------|--------------|------------|------------|-----|------|
| Address | | | | | City | | _Zip |
| School | | | | | Grade | | |
| Home Phone (|) | Cell Phone (|) | E-Mail | | | |
| Playing Level: | Recreational | Rec Plus | Comp Premier | Comp Elite | □ ECNL | | |

Player #3 Information

| Name | | Date of Birth | |
|----------------|---|---------------|-----|
| Address | | City | Zip |
| School | | Grade | |
| Home Phone (|) Cell Phone () E-Mail | | |
| Playing Level: | □ Recreational □ Rec Plus □ Comp Premier □ Comp Elite | □ ECNL | |

B. Parent/Guardian Information

| 1st Parent's Name | | | E-: | mail | | | |
|--|----------------------|----------------|-------------------|------------|---------|--------------|---------------|
| SSN: Address | | | | | City | | Zip |
| Work () | Home () | | _ Cell Phone (| | | E-Mail | |
| Employer | | | | | | | |
| 2nd Parent's Name | | | E | -mail | | | |
| SSN: | | | | | | | |
| Address | | | | | City | | Zip |
| Work () | | | | | | E-Mail | |
| Employer | | | | | | | |
| List all children in your family | and whether they are | e registered w | ith the Mustang S | Soccer Clu | ıb: | | |
| Name | Age | School | | | MSL Pla | yer? Current | / Former / No |
| Name | Age | School | | | MSL Pla | yer? Current | / Former / No |
| Name | Age | School | | | MSL Pla | yer? Current | / Former / No |
| Do any of your children play in If yes, please list any Financial | | | | | | | |

C. Assessment of Need:

| Is your current financial situation temporary or permanent? Y/N Explain |
|---|
| Are you a single income or multiple income family? Single / Multiple Explain: |
| 1 st Parent/Guardian State of Legal Residence: |
| 2 nd Parent/Guardian State of Legal Residence: |
| Have you completed a 2022 IRS Income Tax return or other Income Tax return? |
| What Income Tax return was filed or will be filed for the 2022 year? □ IRS 1040 □ IRS 1040A □ 1040EZ □ Foreign tax return □ Tax return with Puerto Rico or other US Territory |
| If you have not filed your 2022 IRS tax return please provide your estimated adjusted gross income for 2022: |
| (Please provide a copy of 1099s and/or W2 forms to provide total income for 2022) Your application will not be considered without these documents attached. |
| In 2022, did your family or household receive benefits from any of the federal benefits programs listed? |
| Supplemental Security Income Food Stamps Free or Reduced Price school lunch Temporary Assistance for Needy Families (TANF) Special Supplemental Nutrition Program for Women, Infants and Children |
| What is your family's adjusted gross income for 2022? Adjusted Gross Income is on IRS form 1040 Line 37, 1040A Line 21 or 1040EZ Line 1 |
| Parent 1's earnings from working in 2022? |
| Total Exemptions for 2022? Exemptions are on IRS form 1040 Line 6d or 1040A Line 6d. On the 1040 EZ, if a person checked either the "you" or "spouse" box or Line 5 use EZ worksheet line to determine the number of exemptions (\$3900 equals one exemption). If a person didn't check either box, enter 01 if he/she is single or 02 if he/she is married. |
| How many people are in your household? |
| How much of the MSL Club fee can you pay? Please state your reason(s) for requesting financial aid from MSL: |
| How much assistance towards MSL Club Fees are you requesting? \$ |

Have you ever been a volunteer for MSL? Yes No If yes, explain: Are you willing to volunteer for MSL? Yes No If yes, what do you like to do? (If unsure how to answer, contact us):

Terms of the Mustang Soccer Financial Aid Policy

The MSL Financial Aid Committee meets as needed to process applications. MSL reserves the right to discontinue financial aid at any time if the information provided is inaccurate. Partial aid may be awarded based on the decision by the MSL financial aid committee. Note: Financial Aid is a partial award of the fees. Parents will be responsible for the remaining fees based on the amount of financial aid awarded.

I, the applicant, have read and agree to the terms of the MSL financial aid policy and any requirements outlined on this application. I am requesting that (player) ______ be placed on aid status with MSL. Everything I have stated in this application is true. I understand that you will retain this application. I agree to answer questions and supply any information that the MSL financial aid committee requests.

We hereby request financial aid from the Mustang Soccer League:

| Parent(s)/Guardian Signature | Print Name | Date |
|------------------------------|------------|------|
| | | |
| | | |
| Parent(s)/Guardian Signature | Print Name | Date |

Submit your signed and completed application, <u>along with required documentation</u> (copy of the front page of your 2022 filed federal tax return <u>or</u> copy of 1099s/W2 forms if you have not yet filed) in order to be considered by the deadline to:

Mustang Soccer League Financial Aid Committee 4680 Camino Tassajara Danville, CA 94506

Please direct any questions you may have to: Accounting@mustangsoccer.com.

For MSL Financial Aid Committee Use Only

| Date Application Received Approved For \$ | | | | | |
|---|------------------------------------|--|--|--|--|
| Denied, Reason: | | | | | |
| Signatures: | Print Name | | | | |
| Date Review Completed | Family Informed of Result on Date: | | | | |
| Method: Phone call / e-mail / US Mail / In Person | By | | | | |

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