

Confidential

Mustang Soccer League
2018 FINANCIAL AID APPLICATION
SUBMISSION DEADLINE: June 15, 2018

Submit completed application to:

Mustang Soccer League
Financial Aid Committee
PO Box 1827
Danville, CA 94526

Application Date: _____

A. Player Information:

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

B. Parent Information

1st Parent's Name _____ E-mail _____
SSN: - - - - -
Address _____ City _____ State _____ Zip _____
Work Phone () _____ Cell Phone () _____ Home Phone () _____
Employer _____

2nd Parent's Name _____ E-mail _____
SSN: - - - - -
Address _____ City _____ State _____
Work Phone () _____ Cell Phone () _____ Home Phone () _____
Employer _____

List all children in your family and whether they are registered with the Mustang Soccer Club:

Name _____	Age _____	School _____	MSL Player? Current / Former / No
Name _____	Age _____	School _____	MSL Player? Current / Former / No
Name _____	Age _____	School _____	MSL Player? Current / Former / No
Name _____	Age _____	School _____	MSL Player? Current / Former / No

Do any of your children play in other sport club programs? Yes / No
If yes, please list any Financial Aid they receive aid there _____

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: _____

Father/Stepfather's State of Legal Residence: _____

Mother/Stepmother's State of Legal Residence: _____

Have you completed a 2017 IRS Income Tax return or other Income Tax return? _____

What Income Tax return was filed or will be filed for the 2017 year? _____ IRS 1040 _____ IRS 1040A 1040EZ _____ foreign tax return
_____ tax return with Puerto Rico or other US Territory

If you have not filed your 2017 IRS tax return please provide your estimated adjusted gross income for 2017: _____

(Please provide a copy of 1099's or W2 forms to provide total income for 2017)

In 2017, 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 2017? _____

Adjusted Gross Income is on IRS form 1040 Line 37, 1040A-line 21 or 1040EZ-Line 1

Father/Stepfather's earnings from working in 2017? _____

Mother/Stepmother's earnings from working in 2017? _____

Total amount of Income tax paid for 2017? _____

Total Exemptions for 2017? _____

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 on 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 parent's household? _____

This includes all children, adults and adult children living within the 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? \$ _____

How many years has your family been a member of MSL? ___ Team name(s) _____

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
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Parent(s)/Guardian Signature	Print Name	Date
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Submit your signed and completed application, along with required documentation (copy of the front page of your 2017 filed federal tax return or 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
PO Box 1827
Danville, CA 94526

Please direct any questions you might have to: Jen Michel jmichel@mustangsoccer.com 925-648-4121 Ext. 14

For MSL Financial Aid Committee Use Only

Date Application Received _____ Approved For \$ _____

Denied, Reason: _____

Signatures: _____ Print Name _____

Signatures: _____ Print Name _____

Signatures: _____ Print Name _____

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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