

**Confidential**

Application Date: \_\_\_\_\_

Received by Mustang: \_\_\_\_\_

**Mustang Soccer League**  
**2019 FINANCIAL AID APPLICATION**  
**SUBMISSION DEADLINE: June 14, 2019**

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

**A. Player #1 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  DA

**Player #2 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  DA

**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  DA

**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 ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_  
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

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: \_\_\_\_\_

1<sup>st</sup> Parent/Guardian State of Legal Residence: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian State of Legal Residence: \_\_\_\_\_

Have you completed a 2018 IRS Income Tax return or other Income Tax return? \_\_\_\_\_

**What Income Tax return was filed or will be filed for the 2018 year?**

IRS 1040  IRS 1040A  1040EZ  Foreign tax return  Tax return with Puerto Rico or other US Territory

If you have not filed your 2018 IRS tax return please provide your estimated adjusted gross income for 2018: \_\_\_\_\_

**(Please provide a copy of 1099s and/or W2 forms to provide total income for 2018) Your application will not be considered without these documents attached.**

**In 2018, 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 2018?** \_\_\_\_\_

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

Parent 1's earnings from working in 2018? \_\_\_\_\_

Parent 2's earnings from working in 2018? \_\_\_\_\_

Total amount of Income tax paid for 2018? \_\_\_\_\_

Total Exemptions for 2018? \_\_\_\_\_

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 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): \_\_\_\_\_

