

2021 FINANCIAL AID APPLICATION
SUBMISSION DEADLINE: June 15, 2021

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

Application Date: _____

Received by Mustang: _____

Mustang Soccer
League

A. Player #1 Information Playing Level: Recreational Rec Plus Comp Premier Comp Elite ECNL DA

Name _____ Date of Birth _____
Address _____ City _____ Zip _____
School _____ Grade _____
Home Phone () _____ Cell Phone () _____ E-Mail _____

Player #2 Information Playing Level: Recreational Rec Plus Comp Premier Comp Elite ECNL DA

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 Playing Level: Recreational Rec Plus Comp Premier Comp Elite ECNL DA

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/Guardian Name _____ E-mail _____
SSN: _____
Address _____ City _____ Zip _____
Work () _____ Home () _____ Cell Phone () _____ E-Mail _____
Employer _____

2nd Parent/Guardian 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

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, along with required documentation (copy of the front page of your 2020 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
4680 Camino Tassajara
Danville, CA 94506

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** _____

Date Review Completed _____ **Family Informed of Result on Date:** _____

Method: Phone call / e-mail / US Mail / In Person **By** _____

CONFIDENTIAL