



## 2023/2024 FINANCIAL AID APPLICATION

CVSC offers a limited amount of financial aid to players in need. Your honesty in completing this application will ensure that these funds are allocated to those families most in need. The financial aid will be deducted from the player's program fees. The financial aid does not cover uniforms or (competitive) team account fees. **Email scanned copy of this application before June 1, 2023 to [compdirector@castrovalleysoccer.com](mailto:compdirector@castrovalleysoccer.com) or [registrar@castrovalleysoccer.com](mailto:registrar@castrovalleysoccer.com) along with a copy of the parent(s)/guardian(s) 2022 total income tax returns (form 1040) statements (PLEASE WHITE OUT SOCIAL SECURITY NUMBERS).** If applicable describe any additional financial hardship information in the space below and/or attach support documentation to this application. The application will be reviewed, and you will be notified of a decision as soon as possible. If approved, financial aid recipients will be notified of their financial aid award and will receive a discount code from the registrar to use in registering their player.

**PLAYER'S NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_  
(one application per player in family must be submitted)

- Recreational Program
- Competitive Program

**If Competitive: TEAM (i.e., 2012 Boys/Girls Green):** \_\_\_\_\_ **COACH NAME:** \_\_\_\_\_

**PARENT 1 NAME:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**PARENT 2 NAME:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

LIST ALL CHILDREN IN YOUR FAMILY INCLUDING THOSE NOT APPLYING:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ PLAYER: YES NO

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NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ PLAYER: YES NO

HOW MANY YEARS HAS YOUR FAMILY BEEN A MEMBER OF CVSC? \_\_\_\_\_

PLEASE STATE YOUR REASON(S) FOR REQUESTING FINANCIAL AID. IF MORE SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET. **PLEASE ALSO INLCUDE REASON(S) IF YOU NEED AN EXTENDED PAYMENT PLAN TO COVER REMAINING REGISTRATION AND TRAINING FEES:**

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**LIST ALL ADDITIONAL INCOME YOU OR ANYONE IN YOUR FAMILY RECEIVES THAT IS NOT LISTED ON YOUR INCOME TAX FORMS (CHILD SUPPORT, CHILDCARE SERVICES, ETC):**

I AGREE THAT THE INFORMATION I HAVE SUBMITTED ABOVE IS ACCURATE AND ACCEPT THE FINANCIAL AID REQUIREMENTS SET FORTH BY CASTRO VALLEY SOCCER CLUB

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE