



## 2018 Financial Aid Application

### General Information:

Applicant's Name	<input type="text"/>	Team	<input type="text"/>
Address	<input type="text"/>	Coach's Name	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Mother's Name	<input type="text"/>	Father's Name	<input type="text"/>
Home Phone	<input type="text"/>	Mother's Cell	<input type="text"/>
		Father's Cell	<input type="text"/>
Mother's Email	<input type="text"/>	Father's Email	<input type="text"/>

### Siblings in the Club:

Sibling #1	<input type="text"/>	Gender	<input type="text"/>	Team Age	<input type="text"/>	Coach	<input type="text"/>
Sibling #2	<input type="text"/>	Gender	<input type="text"/>	Team Age	<input type="text"/>	Coach	<input type="text"/>
Sibling #3	<input type="text"/>	Gender	<input type="text"/>	Team Age	<input type="text"/>	Coach	<input type="text"/>

### Financial Information:

**BOTH PARENTS** (or legal guardians) of the applicant must provide one of the following:

1. A copy of their 2017 Federal Income Tax Return(s). W-2 is not acceptable.
2. A current **COPY OF A LETTER** stating that they are the recipient of food stamps, MediCal, CalWORKs, or live in Section 8 or low income housing. A copy of the card is not acceptable.

## Club Agreement:

**Please read the following terms and conditions carefully and sign the agreement below:**

I, , (Printed name of parent / guardian applicant) as parent or legal guardian of applicant player, attest and hereby hold true that all information I have provided on this application for financial aid is true and accurate.

I fully understand and agree that should the Rebels Soccer Club award me financial aid under the terms of this agreement, it must be deemed earned and it shall be fully dependent on participation in various club approved events and/or activities with a minimum of ten (10) hours of club assigned and club verified volunteer work. The Rebels Soccer Club will have an opportunity drawing and each financial aid recipient is required to sell 10 tickets. Initial \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

In addition, I fully understand and agree that should the Rebels Soccer Club award me financial aid under the terms of this agreement, once the award is deemed to be earned, the award shall be applied to the registration fees and the recipient of the financial aid scholarship is hereby committed to remain registered with the Rebels Soccer Club throughout the 2018 season. The 2018 season includes post-season play at Presidio Cup and Cal South State or National Cup.

I fully understand and agree that should the above named applicant leave or become unregistered with Rebels Soccer Club, for any reason, prior to playing in State Cup, that as the above named Parent or Legal Guardian, I will be personally responsible for payment or repayment of all remaining fees due to Rebels Soccer Club within five (5) calendar days or my account will be placed under bad financial standing.

**As the parent or legal guardian of the below named Rebels Soccer Club financial aid applicant, I fully understand and agree to all terms, conditions and provisions, as set forth in this agreement and fully understand and agree that failure to comply with said terms, conditions and provisions shall result in the forfeiture of any scholarship awards.**

Signature of Parent /Legal Guardian of Applicant \_\_\_\_\_ Date

Printed Name of Parent / Legal Guardian

Please print, fill out, sign and mail document to:

Rebels Soccer Club  
P.O. Box 212649  
Chula Vista CA 91921

**The deadlines to submit financial aid applications are March 31, 2018 (birth years 2004-2012) and June 15, 2018 (birth years 1999-2002)**