

# Utah Avalanche Girls Soccer Club Application for Financial Aid 2010-11 Season

**Utah Avalanche has limited financial resources available for those who need aid with club fees. This form must be completed and submitted by July 1, 2010 to be considered for financial aid. Applications are considered on a case-by-case basis, and all decisions are in the sole discretion of Utah Avalanche. All families receiving financial aid will be asked to contribute volunteer time to club and team functions and to fund-raisers to pay for partial Club fees. Rarely will all club fees be waived; if eligible for free/reduced school lunch, food stamps, CHIP, or similar program, please attach a confirmation of that eligibility. Board Decisions will be made by July 15, 2010. If you do not receive notification that financial aid is granted, please contact the Board. All players, directly or through others, must pay all team fees including: Tournament fees; Coach's travel expenses to tournaments, state registration and referee fees, tournament fees, indoor season or practice facility rentals, and other items deemed necessary by the Team Coach.**

Age Group: \_\_\_\_\_ Team Name: \_\_\_\_\_ Coach: \_\_\_\_\_

Player Last Name: _____		Player First Name: _____	
Mailing Address: _____			
Home Phone: _____	Cell Phone _____	Player's Email: _____	
		@	

**GUARDIAN INFORMATION:**

Occupation	Work Phone	Cell Phone	Email
			@
Occupation	Work Phone	Cell Phone	Email
			@

Estimated Current Seasonal Year (July 2010 through July 2011) \_\_\_\_\_

Combined Family Income: July 2009 through July 2010 \_\_\_\_\_

Number of Family Members Living with you \_\_\_\_\_

Briefly Explain Need for Financial Aid or other relevant conditions, please use additional pages if necessary<sup>1</sup>.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Financial Aid Requested

Cost of Club Fees \$ \_\_\_\_\_ Amount You Can Pay Per Month \$ \_\_\_\_\_

Amount of Aid Requested \$ \_\_\_\_\_

We (I) certify that to the best of my knowledge the above information is true and accurate.

\_\_\_\_\_  
Parent or Guardian Signature      Date      Parent or Guardian Signature      Date

\_\_\_\_\_  
Player Signature if Eighteen (18) or Older      Date

<sup>1</sup> The Utah Avalanche Board reserves the right to request additional income or expense verification, including tax returns, before completing its review and taking action on any financial aid request.

PLEASE RETURN THE COMPLETED FORM IN A SEALED ENVELOPE, MARKED "ATTENTION:  
FINANCIAL AID SUB-COMMITTEE", TO YOUR TEAM'S COACH OR YOU MAY MAIL IT DIRECTLY  
TO UTAH AVALANCHE, C/O Mark Gibb, 111 E. Broadway, #900, Salt Lake City, Utah 84111

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DO NOT WRITE IN THIS SPACE  
FOR BOARD USE ONLY

Request Approved \_\_\_\_\_

Request Denied \_\_\_\_\_

Amount Requested

\$ \_\_\_\_\_

Amount Approved

\$ \_\_\_\_\_

Required Family Contribution

\$ \_\_\_\_\_