

App #:	_____
Received Date	_____
Received By	_____
% Awarded	_____

CESA 2010-2011 Financial Aid Application



One of the many goals of CESA is to ensure that any child with the desire, commitment, and ability to play select soccer be afforded the opportunity regardless of financial ability. Financial aid will assist only with training fees. Reimbursement of travel expenses, team tournament fees, or uniform payment will not be included and must be paid by each player. All CESA players, including financial aid, are required to turn in their payment authorization form in order to accept their spot on the roster.

Each player receiving financial aid must meet and adhere to all guidelines and demonstrate dedication through consistent attendance at team practices and games. It is also the responsibility of each family receiving financial aid to reciprocate through active participation in the club and its team activities, including the mandatory ten (10) volunteer hours. Failure to adhere to these guidelines may result in the forfeiture of any financial assistance awarded. Director of Coaching (DOC) Coaches also have the authority to recommend that financial aid be discontinued based upon failure to adhere to these guidelines.

Please complete this form in its entirety and return to the CESA office by May 15, 2010 at the address listed below. In order to be considered for financial aid, a copy of your 2009 1040 Form or equivalent (Note: Individuals filing "Married Filing Separately" must provide the 1040 or equivalent for their spouse as well) and 2009 W-2 Forms (Note: Individuals filing "Married Filing Separately" must provide the W-2 for their spouse as well). The Financial Aid Committee will review your application and a letter will be sent to you within two weeks of the deadline indicating acceptance or denial of financial aid. ***Please only submit one application per family.***

*Financial Aid applications must be submitted annually, they are not automatically renewable, and will not be considered valid unless approved by CESA's Financial Aid Committee.

Player Name _____ Team _____

Player Name _____ Team _____

Player Name _____ Team _____

Mother's/Guardian's Name _____

Occupation _____ Employer _____

Father's/Guardian's Name _____

Occupation _____ Employer _____

Primary Address _____ City/State/Zip _____

Primary email address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Dependent children (children living in the home who are under the age of 18) other than those listed above:

Name _____ Age _____

Name _____ Age _____

*Annual Household Income (Required) _____

I understand that applying for financial aid does not automatically grant me financial aid and I certify that all of the above information and the attached 1040 or equivalent and W-2 are correct and true to the best of my knowledge.

Signature _____ Date _____