



FC UNITED

Financial Assistance Request Form

Name of Player Requesting a Scholarship: _____

Parent/Guardian Names: _____

Address: _____ City: _____

Zip: _____ Child's Date of Birth: _____ Age: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell (____) _____ - _____

Email Address: _____ Second Email: _____

Parent/Guardian's Employer: _____ Title/Position: _____

Spouses Employer: _____ Title/Position: _____

Family Size: Number of Adults: _____ Number of dependent children: _____

Annual Gross Income from all sources: \$ _____

We believe that we can afford to pay \$ _____ for my annual membership.

Note: Please provide a copy of your family's past 2 year Federal Income Tax Returns, most recent Parent/Guardian pay stub and copies of other financial assistance received such as FDC, SSI, General Assistance, etc. We also need documentation for any income/support the player requesting a scholarship might have.

List extraordinary or unusual expenses (e.g. medical, education loans, etc.) and attach documentation where appropriate. Please feel free to attach additional pages in support of your request:

Types of expenses:

Explanation of expenses:

Provide additional details you believe would be helpful in our evaluation of your requested assistance:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Information should be submitted to FC United Board member, Tom Belin (319-377-5614; dealguy7@hotmail.com)