

Sunrise SC Financial Application Form



The Application Assistance Form is designed to provide financial relief for families in need. The information provided will remain confidential and will only be seen by the Sponsorship Committee at Sunrise Soccer Club. Please note that there is no guarantee that Financial Aid will be granted. In order to be considered for financial aid each applicant must complete the form below and provide an income verification document.

Applicant's Name (Parent or Guardian)		
Player's Name:	Age:	Date:
Address:		
Email Address:		
What is the gross monthly income from all sources: \$ _____		
Do you have multiple players at Sunrise SC: YES NO (please circle one). If so please list below		
Player Name:	Team:	
Player Name:	Team:	
Player Name:	Team:	

In the space below please explain your request. Please include any special circumstances:

Sunrise SC is requesting that anyone receiving financial aid will also be tasked with helping the club and team with any of the following. Please select any options you are willing to help with:

- Fundraising Coordinator
- Team Manager
- Tournament Volunteer
- Field Marshall
- Registration Volunteer
- Other

Below please provide any other roles or duties that you feel you are willing and able to provide:

For consideration for Financial Aid we are requesting that at least one of the following forms be provided with this application:

- Copy of your 2017 Income Tax Return (IRS Form 1040)
- Copy of Pay Stabs or other income verification
- Please attach any Medicare or Food Stamps eligibility

By signing and submitting the application the applicant assumes the following responsibilities:

- 1) Family will be responsible for all other expenses not covered by Financial Aid.
- 2) That all questions have been answered truthfully and accurately

Applicant Signature:

Date