



Financial Assistance Application

Contact Information		
Player's Name:	Phone	
Mother's Name	Phone	
Mother's Email	Address	
Father's Name	Phone	
Father's Email	Address	
Parent Work and Income Information		
Mother's Employer	Monthly Salary	
Father's Employer	Monthly Salary	
Number of persons in household	Combined Salary	

Required Documents			
1. Completed Application			
2. Letter of Need letting us know about any circumstances that we should consider			
3. First page of last year's 1040 Tax Return.			
4. Last two months pay stubs for both parents			
Your Request			
1. Specific Program or Event	Cost	What you can contribute	
2. Specific Program or Event	Cost	What you can contribute	
3. Specific Program or Event	Cost	What you can contribute	
4. Specific Program or Event	Cost	What you can contribute	

Financial Assistance awards will not cover the entire cost of participation. You will still have a balance with your club account.

I certify that the information on this application is accurate and complete. I also agree that both player and parents will read, sign and adhere to the CGA Code of Conduct. If the Code of Conduct is violated in any way I understand that funds may be revoked. If my player receives assistance we will adhere to the rules of the **CGA Soccer Foundation** Financial Assistance Program. We agree to keep all information confidential.

Please make sure that you return the completed application to **CGA Soccer Foundation**, 135 E. 25th St., Idaho Falls, Idaho 83404 or scan and email to cgasoccerfoundation@gmail.com. Application can be the same for families with multiple players. Please just add information about "Your Request" on a separate paper. Applications will be reviewed four times per seasonal year. Once in August (fall), November (winter), February (spring) and May (summer).

Parent Name: _____

Parent Signature: _____ Date: _____

Player Name: _____

Player Signature: _____ Date: _____