



2019-2020 Triangle United Soccer Financial Aid Application
(\$200 Registration Deposit Required with Application)

Player Name: _____

Parent/Guardian Name: _____

Player's Team: _____

Street Address: _____

City, State, Zip: _____

Contact Phone: _____

Email: _____

Monthly Family Income: \$ _____

(Take home wages + public assistance + child support/alimony + social security + disability + other. Documentation of income may be requested and will be kept in strict confidentiality.)

Number of people living in household: _____

Family's Contribution to Fees: \$ _____
(\$200 deposit required)

Financial Aid Amount Requested: \$ _____

**ALL PARTIAL SCHOLARSHIPS WILL REQUIRE FULL PAYMENT BEFORE THE
PLAYER IS ELIGIBLE TO PARTICIPATE IN GAMES OR TOURNAMENTS**

Other circumstances to be considered:

Parent/Guardian Signature: _____ Date: _____