



2020-2021 Triangle United Soccer Financial Aid Application  
(\$300 deposit required with application; additional amount may be owed)

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: \$ \_\_\_\_\_  
(\$300 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: \_\_\_\_\_