



Financial Aid Request for Club Fees – 2019/2020 Season

Player: \_\_\_\_\_ Team / Coach: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_
School of Attendance: \_\_\_\_\_ Email: \_\_\_\_\_
Annual Income: \_\_\_\_\_ Family Size: \_\_\_\_\_
Please explain in detail the reason for your request (Attach additional sheets if needed): \_\_\_\_\_

We are requesting the following scholarship allocation:

- 1/4 Scholarship Will owe \$2156.25 10 Volunteer Hour Commitment
1/2 Scholarship Will owe \$1437.50 15 Volunteer Hour Commitment
3/4 Scholarship Will owe \$718.75 20 Volunteer Hour Commitment

PLEASE NOTE:

- Volunteer hours will be monitored by the office staff at LA Premier, failure to comply with these conditions could result in loss of scholarship.
Players that leave the club before the end of season will be responsible for the full fees for the year and all scholarship money that was allocated.

Financial hardship requests are not automatic and can not be guaranteed by the Coach, they are subject to "need" and are reviewed judiciously by LA Premier.

In addition to this form you MUST submit: (Incomplete documentation will be rejected)

- A copy of the first 2 pages of your 2018 filed federal tax returns.
Please include any additional documentation demonstrating financial need.
Team fees are not covered in the scholarship. This will be an additional cost to the parent.
Players are required to cover the full Raffle ticket fee of \$100, this cannot be waived.

All club fees are due no later than October 15th 2019. The 1st installment of \$450 is required at the time of registration and is non-refundable. You will be obligated to meet the payment arrangements upon approval. Your Childs coach MUST sign and Date this form before submittal. You will be contacted by LAPFC about the outcome of your scholarship request.

ALL FINANCIAL INFORMATION IS KEPT CONFIDENTIAL.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

MANDATORY – Coaches Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coaches Recommendation: \_\_\_\_\_

Mail Signed form and additional documentation to:

LAPFC Financial Aid Director
1434 B Foothill Blvd
La Canada, CA 91011
LaPremierfc@gmail.com

LAPFC Approval: \_\_\_\_\_ Date: \_\_\_\_\_
Amount Approved: \_\_\_\_\_ Payments: \_\_\_\_\_
Family Notified Date: \_\_\_\_\_ Means: \_\_\_\_\_