

EVERTON AMERICA FINANCIAL ASSISTANCE APPLICATION



Everton America prides itself on the role it plays within the Fairfield County community. As part the community, we would like to make premier soccer available to all who qualify on a skills basis, regardless of their financial circumstances. As such, we may approve a limited amount of financial assistance based upon financial need and player ability level.

Please complete and mail to Everton America CT, 196 Danbury Road, Wilton, CT 06897.

PLAYER INFORMATION

FIRST NAME _____ LAST NAME _____ DATE OF BIRTH _____

EVERTON AMERICA TEAM _____ SEASON _____

PARENT INFORMATION

FATHER'S NAME		MOTHER'S NAME	
ADDRESS		ADDRESS (if different)	
E MAIL		E MAIL	
HOME PHONE		HOME PHONE	
CELL PHONE		CELL PHONE	

HOW MUCH FINANCIAL AID ARE YOU REQUESTING? _____

DOCUMENTATION All documents must be attached to application. The application will not be processed if documents are missing.

- W\2 for the player's father and mother
- 1040 for the player's father and mother (unless filed jointly as a family)
- Other documents that might assist application e.g. bank statements, letter from employer with proof of income

AGREEMENT

- I agree to make tuition payments on the agreed schedule.
- If payment is late, the player WILL NOT be able to participate in games/practices.
- I agree that if I leave Everton America for any reason within 12 months of the date below the full amount of my financial assistance is due immediately.
- In return for financial assistance, I agree to volunteer at the club for 20 hours per season. Please tick boxes where you may help:

Landscaping:	Office work:	Field set\up:	Photography/video:
Clubhouse:	Painting:	Refereeing:	Other:

Signed _____ Date _____

FOR OFFICIAL USE ONLY

All documents received?		Full cost of requested program:	
FA amount approved:		Program fee required to pay:	
Received FA before?		Payment plan Y/N:	
Notes:			

Signed: _____ Date _____
EACT Authorized Representative