

DAVIS LEGACY—BRUCE MAXWELL—FINANCIAL AID PROGRAM APPLICATION FOR FINANCIAL AID CONFIDENTIAL STATEMENT

Application Date:					
	Coa	ach:			
A. Player Inform					
Name		Date of Birth			
Address		City	State	Zip	
School) Cell Phone (City	Grade	<u>, </u>	
Home Phone () Cell Phone ()	Email		
B. Parents Infori	nation				
			Email		
Address		City	State Zip		
Work Phone (Cell Phone ()	Home Phone()	
List all children in yo	ur family and whether they are r	registered with the	Davis Legacy Club:		
Name	Age_	School	DLSC Pl	layer? Current/Former/No	
Name	Age_	School	DLSC Pl	layer? Current/Former/No	
Name	Age_	School	DLSC Pl	layer? Current/Former/No	
Name	Age_	School	DLSC Pl	layer? Current/Former/No	
Is your current finance	ial situation temporary or perma	nent? Explain:			
,	me or multiple income family?				
1. Have you complet	ed a 2017 and 2018 IRS Incon	ne Tax return or o	other Income Tax return (Foreign)? Yes / No	
(if yes, please provid	le copy of your 2017 and 2018	IRS Form 1040 or	r 1040EZ)		
2. If you have not fil	ed your 2018 IRS tax return p	lease provide a co	py of 1099's or W2 forms	for 2018.	
How many people are	e in your household as reported of	on your tax form?			
How many years has	your family been with Davis Le	gacy?			
Have you ever worke	d at DLSC volunteer parking sh	ift? Yes / No			
Are you willing to we	ork at DLSC volunteer parking s	hifts? Yes/No			



Terms of the Davis Legacy Soccer Financial Aid Policy

The Davis Legacy Soccer Club officials may meet as needed to process applications and reserves the right to discontinue financial aid at any time if the information provided is inaccurate or if the terms of the award are not met. Partial aid may be awarded based in the sole discretion of the Davis Legacy Soccer Club.

Note: Financial Aid is a partial award of the total fees due at DLSC; Parents are required to continue to pay the remaining portion of the fees based on the amount of financial aid awarded.

this application. I am requesting Davis Legacy. Everything I hav	ree to the terms of the Davis Legacy financial aid port that (player)e stated in this application is true. I understand that y information related to this application as requested	be placed on aid status with you will retain this application. I agree to
We hereby request financial aid	from the Davis Legacy Soccer Club:	
Parent(s)/Guardian Signature	Print Name	Date
Parent(s)/Guardian Signature	Print Name	 Date
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	+++++++++++++++++++++++++++++++++++++++	_
Date Application Received	d Date Review Completed_	
Approved for \$	OR Denied, Reason:	
Family Informed of Result	t on – Date: Method: Pho	ne call/e-mail/US Mail/In Person
By:		

CONFIDENTIAL