



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

Application Date: _____

Team: (age/color) _____

Coach: _____

A. Player Information:

Name _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
School _____ City _____ Grade _____
Home Phone () _____ Cell Phone () _____ Email _____

B. Parents Information

Parents' Names _____ Email _____
Address _____ City _____ State _____ Zip _____
Work Phone () _____ Cell Phone () _____ Home Phone() _____
Employers _____

List all children in your family and whether they are registered with the Davis Legacy Club:

Name _____ Age _____ School _____ DLSC Player? Current/Former/No
Name _____ Age _____ School _____ DLSC Player? Current/Former/No
Name _____ Age _____ School _____ DLSC Player? Current/Former/No
Name _____ Age _____ School _____ DLSC Player? Current/Former/No

C. Assessment of need. Documents in Red Need to be Provided:

Is your current financial situation temporary or permanent? Explain:

Four horizontal lines for explaining financial situation.

Are you a single income or multiple income family? Single / Multiple

1. Have you completed a 2019 and 2020 IRS Income Tax return or other Income Tax return (Foreign)? Yes / No
(if yes, please provide copy of your 2019 and 2020 IRS Form 1040 or 1040EZ)

2. If you have not filed your 2020 IRS tax return please provide a copy of 1099's or W2 forms for 2020.

How many people are in your household as reported on your tax form? _____

How many years has your family been with Davis Legacy? _____

Have you ever worked at DLSC volunteer parking shift? Yes / No

Are you willing to work at DLSC volunteer parking shifts? 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.

I the applicant have read and agree to the terms of the Davis Legacy financial aid policy and any requirements outlined on this application. I am requesting that (player) _____ be placed on aid status with Davis Legacy. Everything I have stated in this application is true. I understand that you will retain this application. I agree to answer questions and supply any information related to this application as requested by Davis Legacy.

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

Submit your signed and completed application, along with all supporting documents.

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For Davis Legacy Staff Use Only

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Date Application Received _____ Date Review Completed _____

Approved for \$ _____ OR Denied, Reason: _____

Family Informed of Result on – Date: _____ Method: Phone call/e-mail/US Mail/In Person

By:

CONFIDENTIAL