



**DAVIS LEGACY SOCCER CLUB  
APPLICATION FOR FINANCIAL AID  
CONFIDENTIAL STATEMENT**

Application Date: \_\_\_\_\_

Team (calendar year/color): \_\_\_\_\_

Coach (if applicable): \_\_\_\_\_

Program (Comp/Rec/Dev Academy): \_\_\_\_\_

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**1. Have you completed a 2020 and 2021 IRS Income Tax return or other Income Tax return (Foreign)? Yes / No**

**(If yes, please provide copy of your 2020 and 2021 IRS Form 1040 or 1040EZ)**

**2. If you have not filed your 2021 IRS tax return, please provide a copy of 1099's or W2 forms for 2021.**

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 a volunteer parking shift while at DLSC? Yes / No

If you are registered for the competitive team program, are you willing to work volunteer parking shifts at DLSC? Yes / No

**Terms of the Davis Legacy Soccer Financial Aid Policy**

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, intentionally misleading, or if the terms of the award are not met. Davis Legacy Soccer Club, at its sole discretion, may make partial awards if there are unique or other special circumstances that arise during the review of the application.

**Note: Financial Aid is a partial award of the total fees/dues for DLSC’s programs; Parents are required to continue to pay the remaining portion of their fees/dues that were not covered via the financial aid award.**

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 financial aid status with the Davis Legacy Soccer Club. 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 Soccer Club.

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, electronically to Justyn Howard, Director of Administration and Finance: [jhoward@davislegacysoccer.org](mailto:jhoward@davislegacysoccer.org)**

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**Davis Legacy Soccer Club 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 (circle): Phone call / e-mail / In Person

By: \_\_\_\_\_

**CONFIDENTIAL**