



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

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

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

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

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

**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 married? Yes / No

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

**Have you completed a 2021 and 2022 IRS Income Tax return or other Income Tax return? Yes / No**

- **If yes, please provide copy of your 2021 and 2022 IRS Form 1040 or 1040EZ)**
- **If you have not filed your 2022 IRS tax return, please provide a copy of your 1099 or W2 forms for 2022.**
- **If you file taxes as “married filing separately” or “head of household” and you are married, and are a multiple income family, you must also include your spouses tax information.**

How many people are in your household as reported on your tax form(s)? \_\_\_\_\_

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

If you are divorced, do you receive court ordered child support payments that supplement your own income? Yes / No

If you answered yes, please list the monthly amount here: \_\_\_\_\_

**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.**

**Note: Financial Aid is only awarded based on the assumption that you will fulfill your team commitment, as outlined in your participation and membership agreement. Meaning, if you elect to leave the club early of your own volition your Financial Aid award will be revoked in its entirety and you will be responsible for payment of the outstanding amounts that result from the revocation of the award prior to your release from the club. Financial Aid is not provided to families that don't commit for the entire season.**

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**