

DAVIS LEGACY SOCCER CLUB APPLICATION FOR FINANCIAL AID CONFIDENTIAL STATEMENT

Application Date:	_	Program (Comp / Rec / Dev Academy): Comp Team (calendar year /color):				
			lle):			
A. Player Information:						
		Date of Birth				
Address		City	State	Zip		
School		City	Grade			
Home Phone ()	Cell Phone ()	Email	- -		
B. Parents Information						
Parents' NamesAddress			Email			
Address		City	State	Zip		
Work Phone () Employers	Cell Phone ()	Home Phone ()		
List all children in your family a	nd whether they are re	gistered with the Dav	vis Legacy Club:			
Name	Age	School	DLSC P	layer? Current/Former/No		
Name	Age	School	DLSC P	layer? Current/Former/No		
Name	Age	School	DLSC P	layer? Current/Former/No		
Name	Age	School	DLSC P	layer? Current/Former/No		
C. Assessment of need. D	ocuments in Red	Need to be Provi	ided:			
Is your current financial situation	n temporary or perman	ent? Explain:				
Are you married? Yes / No						
Are you a single-income or mult	iple-income family?	Single / Multiple				

• If yes, please provide a copy of your 2023 and 2024 IRS Form 1040 or 1040EZ)

Have you completed a 2023 and 2024 IRS Income Tax return or other Income Tax return? Yes / No

- If you have not filed your 2024 IRS tax return, please provide a copy of your 1099 and/or W2 forms for 2024.
- 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 spouse's tax information.

How many people are in your housel	old as reported on your	tax form(s)?			
How many years has your family bee	n with Davis Legacy? _				
Have you ever worked a volunteer pa	arking shift while at DLS	SC? 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 co	ourt-ordered child suppo	ort payments that supplement your i	ncome? Yes / No		
If you answered yes, please list the m	nonthly amount here:				
Terms of the Davis Legacy Soccer	Financial Aid Policy				
Davis Legacy Soccer Club officials rat any time if the information provide Legacy Soccer Club, at its sole discrereview of the application.	ed is inaccurate or intent	tionally misleading or if the terms of	f the award are not met. Davis		
Note: Financial Aid is a partial away pay the remaining portion of their					
Note: Financial Aid is only awards your participation and membership Financial Aid award will be revoked that result from the revocation of t that don't commit for the entire sea	p agreement. Meaning ed in its entirety, and yo he award before your r	g, if you elect to leave the club ear ou will be responsible for paymen	y of your own volition your it of the outstanding amounts		
I the applicant have read and agree to application. I am requesting that (play the Davis Legacy Soccer Club. Every application. I agree to answer question Soccer Club.	yer)ything I have stated in th	be p is application is true. I understand t	laced on financial aid status with hat you will retain this		
We hereby request financial aid from	the Davis Legacy Socce	er Club:			
Parent(s) / Guardian Signature	Print Name		Date		
Parent(s) / Guardian Signature	Print Name		Date		
Submit your signed and completed Director of Administration and Fir			ronically to Justyn Howard,		
++++++++++++++++	++++++++++	++++++++++++++++	++++++++++++		
	0 0	cer Club Staff Use Only			
++++++++++++++++					
Date Application Received	Date R	eview Completed			
Approved for \$	OR Denied, Rea	ason:			
Family Informed of Result on -	– Date:	Method (circle): Phone	call / e-mail / In Person		

CONFIDENTIAL