

# Tiger Youth Soccer Financial Aid Application Form

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## Purpose of Financial Aid

At Tiger Youth Soccer, we believe every child deserves the opportunity to learn life lessons through soccer. Our financial aid program supports families facing financial hardship to ensure accessibility to our programs.

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## Section 1: Applicant Information

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Program Name: \_\_\_\_\_

Have you applied for financial aid with Tiger Youth Soccer before?

Yes  No

If yes, when? \_\_\_\_\_

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## Section 2: Household and Financial Information

1. Number of People in Household: \_\_\_\_\_

2. Annual Household Income (before taxes):

Under \$25,000

- \$25,001 - \$50,000
- \$50,001 - \$75,000
- \$75,001 - \$100,000
- Over \$100,000

3. **Does your child qualify for free or reduced-price lunch?**

- Yes  No

4. **Are there extenuating circumstances impacting your financial situation (e.g., medical bills, job loss)?**

- Yes  No

If yes, please explain:

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### Section 3: Financial Assistance Request

1. **Program Fee:** \$ \_\_\_\_\_
2. **Amount You Are Able to Pay:** \$ \_\_\_\_\_
3. **Financial Aid Amount Requested:** \$ \_\_\_\_\_

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### Section 4: Supporting Documentation

Please attach one of the following:

- **Proof of Income** (most recent tax return, W-2, or two months of pay stubs).
- **Documentation of Hardship** (optional but recommended).
- **Free or Reduced Lunch Eligibility Documentation** (if applicable).

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### Section 5: Acknowledgements and Disclaimer

#### **Confidentiality:**

All personal and financial information provided in this application will remain confidential and used solely to assess eligibility for financial aid. Documents will be securely stored and destroyed when no longer needed.

#### **Non-Discrimination Statement:**

Tiger Youth Soccer does not discriminate based on race, color, religion, national origin, gender, disability, or any other protected category in compliance with Washington State law.

**Disclaimer:**

Financial aid is limited and awarded based on need, available funds, and eligibility criteria. Submitting an application does not guarantee aid, but we will do our best.

**Agreement:**

I certify that the information provided in this application is accurate to the best of my knowledge. I understand that any false statements may disqualify me from receiving aid.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**For Office Use Only**

(To be completed by Tiger Youth Soccer staff.)

- **Date Received:** \_\_\_\_\_
  - **Application Status:**  
 Approved  Denied
  - **Amount Approved:** \$ \_\_\_\_\_
  - **Reviewer Name:** \_\_\_\_\_
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