



## Family Information

### Personal Information

Full Name:	_____		_____	_____
	<i>Last</i>		<i>First</i>	<i>Spouses Name</i>
Address:	_____			_____
	<i>Street Address</i>			<i>Apartment/Unit #</i>
	_____		_____	_____
	<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Home Phone:	( ) _____	Cell Phone:	( ) _____	
E-mail Address:	_____		Last years Total Family Income:	\$ _____
Player's Name:	_____		Average Monthly Expenses:	\$ _____
Birth Date:	_____	Team Name:	_____	Number of dependents: _____
Coach's Name:	_____			
Annual Membership Cost:	_____	Amount of Aid Applying For:	( ) _____	

### Job Information

Title:	_____	Spouse Title:	_____
Employer:	_____	Employer:	_____
Work Location:	_____	Work Location:	_____
Work Phone:	( ) _____	Work Phone:	( ) _____
Annual Salary:	\$ _____	Annual Salary:	\$ _____

A limited number of financial aid is available for qualifying players each year. The amount of aid is based on income, expenses, dependents and the dollars available for this purpose. Aid must be applied for each year. Receiving aid one year does not guarantee that aid will be received in subsequent years. All financial information will be kept in the strictest confidence. Scholarship funding will be considered after the completion of this form and a review of last year's federal income tax return. The Eclipse Soccer Club Board will determine the amounts of aid. No other coach or director can approve financial aid.

**Please attach a copy of your last year's Federal Income Tax Form (2007).**