Princeton FC Application for Financial Assistance

Player Information: Last Name:	First Name		····
Princeton FC Team	School attending		Grade
Birth DateA	Address		
Parent / Guardian 1			
Last Name		First Name	
Occupation	Employer	Work Phone	
Home Phone	Mobile Phone	Email Address	
Home Address			
Parent / Guardian 2 Last Name		_First Name	
Occupation	Employer	Work Phone	
Home Phone	Mobile Phone	Email Address	
Home Address			
Please list other dependen Name	t children in the family. Age	Address (if different tha	n the player's)
		g any special situations or hardships the cial assistance for this child to play so	=
Family adjusted gross inco	ome for the prior year (line 27 of l	TRS form 1040)	
		urns.	
	h parent/ guardian's IRS 1040 form.rent/guardian's W2 or 1099 form.	m, is attached as required for award co	nsideration. Please also
	and other factors. Your team mana	es for the year for this player. Team fee ger will assist you to identify these exp	
Team Fees	Unifo	rm Expenses	
How much money can yo	u contribute to the player's soccer	expenses this year?	
certify, in good faith, that programs and will particip	I/we and the player, are in need of pate in practices, games, tourname	nt(s)/Legal guardian(s) of the player na financial assistance to participate in Fents, and training sessions to the best of tent/ Guardian 2	rinceton FC f our ability.

Princeton FC reserves the right to request proof of any information provided above as a condition to providing financial assistance. The Club will keep the information provided for this application confidential and use it only to make decisions regarding financial assistance to applicants.