



SOMERSET HILLS SOCCER CLUB



Application for Financial Aid

Season: Fall 200__

Spring 200__

Team Name: _____

Player's Name _____

Mother's or Guardian's Name _____

Father's or Guardian's Name _____

Home Address _____
Street City Zip

Home Phone (____) _____

Estimated Current Year Family Income _____

Family Size _____

Family members in SHSC Programs _____

Please Explain Your Need for Financial Aid or any other relevant circumstances ¹

¹ The SHSC Board reserves the right to request income verification before completing its review and taking action on any financial aid request.

Financial Aid Requested

Cost of SHSC Program \$ _____

Amount You Can Pay \$ _____

Amount of Aid Requested \$ _____

We (I) certify that to the best of my knowledge the above information is true and accurate.

Parent or Guardian Signature Date

Player Signature *(if eighteen (18) or Older)* Date

PLEASE RETURN THE COMPLETED FORM IN A SEALED ENVELOPE, MARKED ATTENTION: FINANCIAL AID SUB-COMMITTEE, TO YOUR TEAM'S COACH OR MANAGER, OR MAIL IT DIRECTLY TO SHSC, P.O. BOX 230, BASKING RIDGE, NJ 07920

**DO NOT WRITE IN THIS SPACE
FOR SHSC BOARD USE ONLY**

Request Approved

Request Denied

Amount Requested \$ _____

Amount Approved \$ _____

Required Family Contribution \$ _____

SHSC Financial Aid Administrator

Date

ALL INFORMATION SHALL REMAIN CONFIDENTIAL AND WILL BE REVIEWED ONLY BY THE SHSC FINANCIAL AID SUB-COMMITTEE