Name of player:			Coach:		Team:	
were filed, check	the information below the appropriate box I ing considered for fir	below. Failure to pro				
Acceptable forms WILL NOT BE AC		Credit Cards, Debit	Cards, Personal Ch	necks, Money Orders	s, Cashier's Check	s. Cash Payments
	ase direct any questi					17 to be considered food.com, or contact the
	Address: 5315			ancial Aid Program ad CA 92008 Pho		600
	members, regardles ovide supporting do					
Full Name of Family Member	Relation to Player	Gross Annual Earnings from Employment - Include all employment (1040 Line 7)	Gross Annual income from retirement/ social security	Annual income from food stamps, Calworks, FDPIR, alimony child support	All other Income	Total income (1040 Line 22)
	,	(10.10 =				
I have pa I hereby certify that further verification a		1 of my 2016's tax r player's participation 017) ation is true and correct information will result	teturn (1040) – NO No In in the public school in the public school in the public school in that all household in this application not	N-2's ARE ACCEPT Il's "Free/Reduced C Id income is reported. I being reviewed for fina	ost Lunch Program further understand L ancial support from L	.A Galaxy SD may ask fo A Galaxy SD. LA Galaxy
Signature of Adult Applicant			Date	Te	Telephone Number	
Print name of Adult Applicant			Email Address			
					_	

City

Zip Code

Address

Financial Aid Agreement

Please read the following terms and conditions carefully an	d sign the agreement below
I. as parent	t or legal guardian of applicant player, attest and hereby
(Printed name of parent / legal guardian) hold true that all of the information I have provided on this a	
I fully understand and agree that should LA Galaxy San Die receiving team player agrees to: - Attend all practices and games - Represent the club in a positive and responsible man - Participate in team & club functions and volunteer wh	
I fully understand and agree that should LA Galaxy San Die may be required to volunteer up to 10 hours of work for the	ego award me financial aid under the terms of this agreement I club.
I fully understand that Financial Aid grants vary and will covand that financial aid does not cover team fees, tournamen	ver a maximum of 50% of registration fees after the deposit is paid t fees or uniform costs.
agreement, once the award is deemed to be earned, the av	laxy San Diego award me financial aid under the terms of this ward shall be applied to the registration fees and the recipient of registered with LA Galaxy San Diego throughout the respective uding the various Cal South State Cup tournaments.
	applicant leave or become unregistered with LA Galaxy San Cup, that as the above named Parent or Legal Guardian, I will be aining fees due to LA Galaxy San Diego immediately.
and agree to all terms, conditions and provisions, as se	Galaxy San Diego financial aid applicant, I fully understand et forth in this agreement and fully understand and agree that sions, shall result in the forfeiture of any financial aid awards, ned.
Signature of Parent / Legal Guardian of Applicant (Date)
Printed Name of Parent/Guardian	Printed Name of Financial Aid Applicant/Player
LA Galaxy SD Use Only	
Recommendation by:	
Recommended Not Recommended	LA Galaxy SD Committee - Date