

**Real So Cal**  
**Financial Aid Request Form 2010-2011**  
**Financial Aid will only be considered if this form is completed and returned!**

Approval of this application is conditioned on all of the required information being submitted and is subject to available club funds. Applications are prioritized based on need. It should be understood per club guidelines that financial aid will not exceed \$700 for U10-U19 and \$600 for U9. Applicants and team members should take this factor into consideration when applying for aid.

The information requested below will be kept confidential but is necessary to assure that only those for whom payment presents a material hardship as opposed to a mere inconvenience are provided financial assistance. Our resources are limited and applications are considered on a needs basis only. *Please note that all financial aid recipients will be required to perform 12 hours of referee services for our club unless other arrangements are made with the President of Real So Cal, Howard Fink. Players 12 years and older can fulfill this requirement themselves. Any players under 12 who receive financial aid must have someone 12 years or older fulfill this requirement.*

Date \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Player Name: \_\_\_\_\_ Team: B/G U \_\_\_ Wht, Blu, Blk, Acad DOB: \_\_\_\_\_

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

Father name, occupation, and monthly income: \_\_\_\_\_

Mother name, occupation, and monthly income: \_\_\_\_\_

Guardian name, occupation, and monthly income: \_\_\_\_\_

Describe the reason for and the amount of aid requested: \_\_\_\_\_

How much are you committing to pay now, and then on a monthly basis (You must make a commitment): \_\_\_\_\_

I pledge that the above statements are true and correct. I understand that the Board of Directors will review this application and will decide what, if any, financial assistance can be made available to my son/daughter. I also understand that it is my responsibility to meet my financial and volunteer obligations to the Club in a timely manner or my child will be suspended from training with the Club.

Return to: Howard Fink, President  
WVSL/RSC  
20700 Ventura Blvd, Suite 340  
Woodland Hills, CA 91367  
Fax # 818-347-8952  
Howard@finkcpa.com

\_\_\_\_\_  
Signature

Please include most current year to date pay stub(s) or earnings statement(s) and those for the full prior calendar year.

**Office use:** Date of first payment \_\_\_\_\_ Payment Amount \$ \_\_\_\_\_ # of months \_\_\_\_\_

**Total Amt. approved:** \_\_\_\_\_