

Real So Cal
Financial Aid Request Form 2011-2012
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 generally no more than 50% of the annual fee can be granted in aid by the club, and due to the volume of applications in the past, aid granted normally does not exceed \$700. Applicants and team members should take these factors 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 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.*

Player Name: _____ Team: B/G U ___ Wht, Blu, Blk, Gry, Acad DOB: _____

Phone: _____ Email: _____

Mailing 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 91364

818-347-1797 office 818-347- 8952 fax

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 _____ Total amount approved \$ _____