

## **HSA Select**

## **Application Financial Assistance**

2018-2019

Program description: The Highline Soccer Association (HSA) Select Program is a non-profit youth soccer organization that offers Financial Assistance for youth participants who are in need of financial aid in order to play soccer with HSA Select. Each request for aid is considered on a per season basis and applies to Program Registration fees only. Participants are required to pay the \$200 player commitment fee, uniform fees and any team fees. The amount of aid and number of family members/players receiving aid is dependent upon available funding and is not guaranteed from year to year.

Deadline: All parts of this application must be completed and emailed to <a href="mailto:hsaselect@gmail.com">hsaselect@gmail.com</a> by May 31st, 2018.

Confidentiality: All gathered information is for the express and sole purpose of assisting the HSA Select Committee in making

financial assistance decisions. Financial aid requests are strictly confidential. Incomplete forms will not be considered.			
Application for Financial Assistance			
Parent/Guardian Information			
Parent/Guardian Name:			
Address:		City:	Zip:
Phone:		Email:	
Employer:		Employer Phone:	
Household Size: Number of Adults:		Number of Chil	dren (Under 18):
Participant Information			
Participant Name:		Gender:	Date of Birth:
School (Fall of Club Year):		Grade:	Special Needs:
HSA Select Team: Boys/Girls:	Birth Year:		
Has the participant above ever received fi If yes, please list amount(s) and season(s): Are any of the children in your household Reason for Requesting Aid:	:		
Financial Aid Requested Total Cost of Program Registration Fees: \$ Amount of Player Commitment Fee: \$200 Amount You Can Pay: \$ Total Financial Aid Requested: \$			
I'm willing to volunteer? Yes [] No []			
I certify that to the best of my knowledge	that the above in	nformation is true	and accurate.
Printed Name: Signature: Date:			
For HSA Select Financial Assistance Comm	nittee Use ONLY		
Request Approved: Yes [ ] No [ ] Amount Requested \$ Amoun Required Family Contribution \$	t Approved \$		otes: