



DAKOTA SOCCER CLUB

Financial Aid Application

	(First)	(Last)	(Birthdate)	Travel/In-house
Player Name:	_____	_____	_____	_____
Player Name:	_____	_____	_____	_____
Player Name:	_____	_____	_____	_____
Player Name:	_____	_____	_____	_____

Address: _____

City: _____ Zip Code: _____ Phone: _____

Mother's Name: _____ Father's Name: _____

Household Annual Income: _____ Number of Persons in Household: _____

Provide a brief explanation of the need for financial assistance:

Have any of the players received financial assistance in the past? Y / N How many years? _____

Person that Dakota Soccer Club should contact to schedule volunteer hours:

Name: _____

Email (preferred): _____

Phone Number: _____

Parent Signature: _____ Date: _____

DSC Board Use Only

Date Received: _____	Contribution: _____	Travel (\$): _____
Date Reviewed: _____	Notification: _____	Rec (\$): _____