



Marin FC Application for Financial Aid 2018-19

Mail or deliver application and all required materials to:

**Vicki Sodaro, Scholarships Director
489 Washington Court
Tiburon, California 94920**

Application Checklist (all items must be provided):

- THIS COMPLETE APPLICATION FORM** (5 pages)
- MOST RECENT TAX RETURN**
pages 1 and 2 minimum of IRS Form **1040**(2017)
- REDUCED REGISTRATION FEE DEPOSIT**
Select one:
 - U8 through U12 BLUE or RED Teams, **\$250**
 - U8 through U12 WHITE teams, **\$125**
 - U13 through U19 BLUE or RED Teams, **\$275**
 - U13 through U19 WHITE Teams, **\$175**

PLAYER’S FULL NAME

FIRST	MIDDLE	LAST

PRIMARY PERSON OF CONTACT

FIRST	MIDDLE	LAST

TELEPHONE	EMAIL ADDRESS

The application deadline is 6pm Thursday May 31, 2018.

❖ Penalty for late applications is 5% of calculated award per week after the deadline. ❖



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PART I APPLICATION INSTRUCTIONS

The amount of financial aid funds available is limited. Please complete all sections of this application with as much detail as possible. Write legibly in all areas. You may provide supplemental information on additional sheets if you so desire.

Aid is “NEED” based, which means that Marin FC will review your application amidst all the applications received and awards will divide the available financial aid funds proportionately across all eligible players. This means that awards may vary from year to year and previous awards of aid are not necessarily a direct indicator of a potential award in the 2018-19 season.

Applications are due in hard copy by 6pm on May 31st 2018. For applications received after this deadline, any award granted will be reduced by 5% per week from the deadline.

Applicant:	For Marin FC Use Only		
Date of Application	Date Rec'd	Date Complete	Fee Deposit Rec'd

PART II PLAYER INFORMATION

Provide the information below for the player applying for aid.

Player

First Name	Middle	Last
Date of Birth		
Month	Day	Year
Mailing / Residency Address		
Street	City	Zip Code
School Enrollment		
Name	City	Grade (fall of 2018)
Contact Information		
Cell Phone Number	Home Phone Number	Email Address
2017-18 Soccer History (if any)		
Team	Club	Coach
Prior Financial Aid (if any)		
Years	Club	Amounts



PART III FAMILY INFORMATION

Provide the information below for the player’s family.

Father (or primary guardian)

First Name	Middle	Last
Mailing / Residency Address		
Street	City	Zip Code
Contact Information		
Cell Phone Number	Home Phone Number	Email Address
Employment		
Employer	Occupation	Years employed by this employer

Mother (or secondary guardian)

First Name	Middle	Last
Mailing / Residency Address		
Street	City	Zip Code
Contact Information		
Cell Phone Number	Home Phone Number	Email Address
Employment		
Employer	Occupation	Years employed by this employer

Siblings (if applicable)

First Name	Last Name	Age
School	Plays Soccer? Which Club?	Does this sibling receive financial aid for any sports? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, amount:
First Name	Last Name	Age
School	Plays Soccer? Which Club?	Does this sibling receive financial aid for any sports? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, amount:
First Name	Last Name	Age
School	Plays Soccer? Which Club?	Does this sibling receive financial aid for any sports? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, amount:
First Name	Last Name	Age
School	Plays Soccer? Which Club?	Does this sibling receive financial aid for any sports? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, amount:



PART V NEED DETAILS AND CIRCUMSTANCES

Provide the information below. Please be clear, complete and legible.

Is the need for aid temporary or permanent?

- Temporary (eg. between jobs, divorce, unusual medical or other expenses)
- Permanent (eg. fixed annual household income, household dependents such as elderly relatives)

Please explain the circumstances of the need:

How much *can* the household afford MONTHLY towards this player’s soccer costs?

- \$25 \$50 \$75 \$100 \$150 \$200 Other: _____

Does any member of the household receive financial aid for education? Yes No

If Yes, please explain the nature, source, use and amount of educational aid:

What is the total annual household income as shown on IRS Form 1040 page 1, line 22? \$ _____

How many persons constitute the household? Adults: _____ Minor Dependents (children): _____

Household Tax Filing Status: Married Single Separated Divorced Widowed

Are there any unusual tax related circumstances? Yes No

Are you unable to provide a copy of your IRS Form 1040? Yes No

If Yes to either of the two questions above, please explain:



PART VI AWARD & CONTRACT PROCESS

The Marin FC Financial Aid Committee meets as needed to process applications. Marin FC reserves the right to discontinue financial aid at any time if the information provided is inaccurate. Amount of aid is awarded based on the review of all materials provided and the determinations/calculations of the Marin FC financial aid committee.

Upon determination of a financial aid award decision, the player and primary person of contact will be emailed and mailed their financial aid contract and installment payment stubs. The contract needs to be fully signed and initialed as indicated and returned to the club. Upon accepting the contract, the player and primary person of contact is then bond to the payment schedule shown on the contract and represented by the payment stubs. Payments are 10 equal divisions of the remaining team fee after the award amount has been deducted from the full team fee. Payments are due by the 15th of each month starting in June 2018 and ending in March of 2019.

The player’s remaining team fee obligation is rendered directly to the club. No interest is charged and players may pay off their obligation early.

Player’s Initials : _____ Primary Person of Contact Initials : _____

PART VII SUBMISSIONS AND SIGNATURES

Read and understand the following:

We, the applicants, have read and agree to the terms of the Marin FC financial aid policy and any requirements outlined on this application. We are requesting that (player) _____ be placed on financial aid status with Marin FC. Everything stated in this application is true and correct to the best of our understanding. We understand that Marin FC will retain this application. We agree to answer questions and supply any additional information that the Marin FC financial aid committee requests.

Player		
Signature	Printed Name	Date MM / DD / YYYY
Father (or primary guardian)		
Signature	Printed Name	Date MM / DD / YYYY
Mother (or Secondary guardian)		
Signature	Printed Name	Date MM / DD / YYYY

PART VIII QUESTIONS OR INFORMATION

If you have further questions about our policy, the process or your eligibility for financial aid please contact:

Vicki Sodaro, Scholarships Director
email : scholarship@marinfc.com

