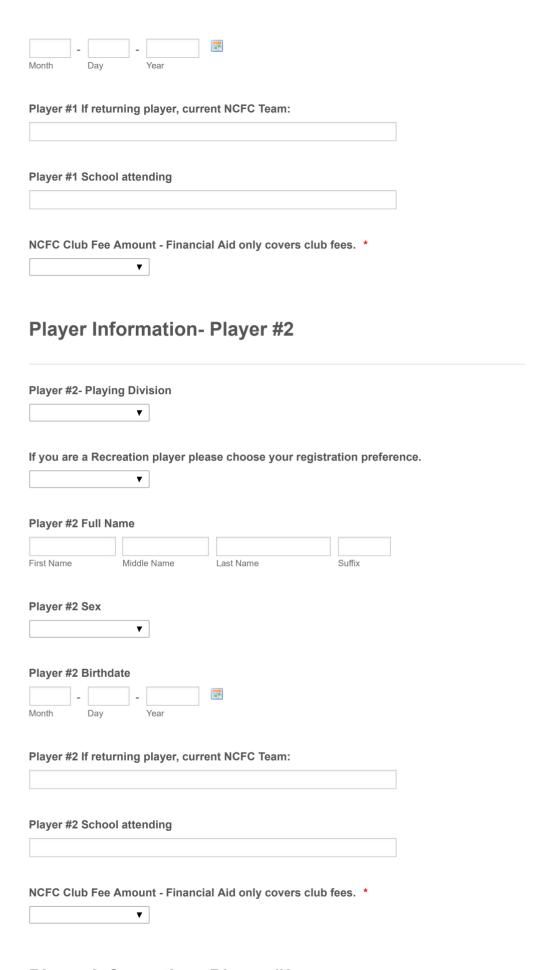


Player #1 Birthdate* *

North Carolina FC Youth

Financial Aid Application - Complete the application & submit along with supporting financial documents no later than June 1, 2019. ALL non-recreation players must pay the \$100 acceptance payment to confirm spot on the team and establish the payment plan. It is not covered by financial aid.

Contact Information
Name of person completing application* * First Name Last Name
Relationship to player* * ▼
E-mail* *
Phone Number* * ()
Player Information- Player #1
Player #1- Playing Division* * ▼
If you are a recreation player please choose your registration preference. ★
Player #1 Full Name* *
First Name Middle Name Last Name Suffix
Player #1 Sex* * ▼



Player Information- Player #3

Player #3- Playing Division
▼
If you are a Recreation player please choose your registration preference. ▼
Player #3 Full Name First Name Middle Name Last Name Suffix Player #3 Sex
▼
Player #3 Birthdate Day Year
rayer #3 in returning player, current Nor 3 realin.
Player #3 School attending
NCFC Club Fee Amount - Financial Aid only covers club fees. ★
Would you like to request Assistance for additional children?
Please enter their names, date of birth, playing divisions, and club fees.
Financial Information:
Must be completed and supporting financial documents must be submitted in order to be considered for financial aid awards.
Total Gross Annual Household Income, from all sources derived* *

Amount of Financial Aid You are Requesting. Please note you are required to pay the \$100.00 acceptance fee when offered a spot. Financial Aid does not apply towards the acceptance payment, team fees, or uniforms. These amounts are taken into consideration in the award provided for Club Fees. *

In U.S Dollars

U.S. Dollars					
Parent Info	ormation	1:			
Tather's Name* *	Middle Name	Last Name	Suffix		
father's Phone N	umber* *				
ather's Occupati	ion* *				
Father's Employe	r				
Father's Annual S	Salary* *				
n U.S dollars Father's Other Inc	come (includin	g child support, a	alimony, governn	nental assista	ınce, etc)
Mother's Name*	*				
First Name	Middle Name	Last Name	Suffix		
Mother's Phone N	lumber* *				
Mother's Occupat	tion* *				
Mother's Employe	er				
Mother's Annual S	Salary* *				
n U.S dollars					

Mother's Other Income (including child support, alimony, governmental assistance, etc)
With whom does player(s) live?* *
☐ Both mother and father (or similar, example: step-parent(s))
Mother 5 th
Father Other
Other
Parents are:* *
Married Divorced Separated
Other
Please list the number and ages of any other dependent children in the home:
riease list the number and ages of any other dependent children in the nome.
Do you rent or own your home?* *
Rent
Own
Other
Please share your story and any additional information that will help in determining your need for financial assistance:* *

Upload of Required Financial Documents

Please note that this information is verified for award purposes and then destroyed. ***For security purposes, please obscure social security numbers***

Before continuing, the following information is **REQUIRED** and must be submitted with your application for EACH parent/guardian listed above:

(for security purposes, please obscure social security numbers)

- Copy of most recent pay stub AND
- Copy of most recent year's signed Federal Income Tax Return (Form 1040 or 1040EZ)

File upload, if unable to upload, please email the documents to financialaid@ncfcyouth.com

File upload, if unable to upload, please email the documents to financialaid@ncfcyouth.com Choose File No file chosen
File upload, if unable to upload, please email the documents to financialaid@ncfcyouth.com Choose File No file chosen
If you are unable to include a copy of your most recent pay stub for each parent/guardian, please provide additional explanation. Please note, this information must be supplied in order to receive financial assistance.
If you are unable to include a copy of your most recent Federal income tax return, please provide additional explanation. Please note, this information must be supplied in order to receive financial assistance.
Certification:
Your application will be considered INCOMPLETE without a copy of the most recent pay stub AND a copy of the most recent year's signed Federal Income Tax Return. INCOMPLETE applications could result in denial of Financial Assistance.
Certification *
 I, hereby, certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that any misrepresentation of the information herein may result in the denial of financial assistance.
Signature of Parent or Guardian *
Clear
Date *
Clear