

PRIOR LAKE SOCCER CLUB

Financial Aid Application

One Player Request Per Form

Player Name	Program (circle):
	 Little Lakers-Fall Recreational Fall
Address:	Little Lakers- Winter Recreational Summer
	Little Lakers- Summer
Date of Birth	
	Competitive
Current PLSC Team:	Number of seasons played with PLSC:
ourient i Eso Team.	Number of seasons played with 1 250.
Described 4	Discuss
Parent/Guardian 1	Phone
Email	
Parent/Guardian 2	Phone
Email	Player's school
Eligible for Lunch Assistance Program? If yes, at what level (fre	ee or reduced)?
	•
Family Income Last Year: \$	Number of Dependents:
runny moone cast real. \$	Number of Departments.
Diago attach at least one of the following as proof of financial	nood DISC will koop all information
Please attach at least one of the following as proof of financial need. PLSC will keep all information confidential and may request documents not submitted.	
A current paycheck stubs for all earners in the household.	
 Proof of eligibility for school lunch program or other assistance Financial aid applications and award statement from private / parochial school 	
I certify and affirm the above information is true and complete to the best of my knowledge. I agree to inform PLSC of any changes in my income or ability to pay. I understand incomplete information could jeopardize eligibility for financial	
assistance. I have read the PLSC Financial Aid Policy and understand there is no guarantee of fee assistance. I understand	
PLSC, its officers, directors, commissioners, coordinators, coaches, and volunteers make no promise or assurances of	
financial aid. I understand any award amount is subject to funds available and my family's ability to pay.	
Name (please print):Relationship to	Player:
Signature:Date	
Email to admin@priorlakesoccer.org or mail to: Prior Lake Soccer Club, Inc., PO Box 161, Prior Lake, MN 55372	