**EDINA SOCCER ASSOCIATION FINANCIAL ASSISTANCE APPLICATION - 2023**

*MUST BE SUBMITTED BY March 15th*

(use one application per family and list all children requesting aid)

Financial assistance is only available for players who cannot afford to participate unless they receive financial assistance. If you request financial assistance for your child we highly encourage you to consider volunteering your time to assist the Edina Soccer Association to successfully achieve its mission.

PLAYER NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLAYER CURRENT GRADE\_\_\_\_\_\_\_

PARENT/GUARDIAN Information:

Name and address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please briefly state need for financial assistance:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you quality for the school lunch program Yes\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

Have you received financial assistance from ESA in previous years? Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

If so, what year(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of assistance requested: Partial assistance\_\_\_\_\_\_\_ (amt requested $\_\_\_\_\_)

Full assistance \_\_\_\_\_\_\_

I understand that registration is not complete until this request is processed and financial assistance is finalized. I will be contacted by ESA once financial assistance is determined. I understand financial assistance is provided at the sole discretion of ESA and all information is kept confidential. Applications submitted after March 15, 2020 may not be considered for financial assistance.

I certify that the above information is true and I have read and understand the statements above:

PARENT/GUARDIAN (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete, sign and return this application by March 15, 2023 to [esasoccer@comcast.net](mailto:esasoccer@comcast.net) or Edina Soccer Association c/o Edina Park & Recreation Edina City Hall 4801 West 50th Street Edina, MN 55424