



FW United FC Financial Aid Form

This form is to be completed by a parent or guardian and returned to FW United FC.

All information is confidential and will be reviewed only by the scholarship committee members.

Today's Date _____

1. Player's Name _____ Age _____ Team _____

2. Address _____ City _____ State _____ Zip Code _____

3. Father's Name _____

Address _____ Phone _____

4. Father's Employer Gross monthly income _____

5. Mother's Name _____

Address _____ Phone _____

6. Mother's Employer Gross monthly income _____

7. What is the gross monthly income from all other sources? _____

8. How many people live in the household and are dependent upon this income? _____

9. Does this player have siblings playing with a Fort Wayne United FC Team? _____

10. Please state the reasons for your request for financial assistance.

11. Email address (for all communication regarding financial aid) _____

** Completion of 4 service hours for each \$100 of awarded financial aid is required.

** Available hours/shifts will be emailed throughout the year.

** Failure to complete all required service hours will result in no future consideration of financial assistance.

Applications will NOT be accepted without the following verification of income:

1. Please attach a copy of last year's IRS 1040. (Income tax return)
2. Please attach copies of paychecks or other income verification for all sources of income for at least one full current month.

- ☐ I understand that parent or player participation in volunteering for the required service hours is mandatory
- ☐ I understand that I will be responsible for all other expenses not covered by this financial aid agreement.

Parent or Guardian signature _____

Date _____

Player signature _____

Date _____