

Indian River Soccer Academy

Financial Assistance Application (2017-2018)

Player Name: _____

Parent Name: _____

Address: _____

Telephone: _____

Email: _____

Are you applying for **Recreational Soccer** or for **Competitive/Travel Soccer**? Please circle one. (You must have attended a tryout and have been selected to a travel team to receive Competitive/Travel assistance)

Does your child participate in the **SCHOOL FREE LUNCH PROGRAM**?

YES or NO (Please circle one)

If YES, you must attach a “notification of free school lunch” letter. (North County Charter School students must also provide proof of financial eligibility).

OR

Referring Non-Profit Agency _____
(i.e. Youth Guidance, Boys & Girls Club, or Gifford Youth Achievement Center)

** You must attach a letter from the referring non-profit agency