

IDAHO JUNIORS FINANCIAL AID APPLICATION

Idaho Juniors FC grants scholarship based on needs and available funds. Please complete the below form so we can evaluate our various member's needs. Financial assistance reduces fees, it does not eliminate them.

*Monthly payments can be extended to reduce financial burden

PLAYER INFORMATION	
Players Name:	Date of Birth:
Team/Age Group:	Coach:
Players Name:	Date of Birth:
Team/Age Group:	Coach:
If you have more than 2 players, please note h	now many total players in the Idaho Juniors here
PARENT/GUARDIAN INFORMATION #1	
Name:	Phone:
Address:	
Email:	
Employer:	Income:
PARENT/GUARDIAN INFORMATION #2	
Name:	Phone:
Address:	
Email:	
Employer:	Income:



To qualify for assistance, please provide the following:

1.	Most recent Tax Return (1040 pages 1 & 2) *Please white out any SSN #'s				
2.	Documentation of all sources of income for most recent 30 days				
3. 4.	Letter of special circumstances, if necessary Please check below any additional assistance monthly assistance you receive:				
4.	Please check below any addit	ional assistance monthly assistan	ice you receive.		
	Free or reduced price s	school lunch SSI or S	SSD		
	Food Stamps	Child Si	upport		
We as	k members and financial aid re	ecipients to help The Juniors thro	ough volunteering. In which ways o	can vou	
	ilable to volunteer:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	
	Field Work	Assistant Coach	Team Manager		
	Fund Raising	Additional Ideas:			
docum inform	nentation to support the above	e information and to provide the	of my knowledge. I agree to provice Idaho Juniors FC and additional in, I may not be eligible for any fina		
Parent	:/Guardian Signature				
Printe	d Name				
Date _					
معدمات	scan and amail these documer	nts to juniorsfcscholarshin@a	mail.com		