

IDAHO JUNIORS UNITED FINANCIAL AID APPLICATION

Idaho Juniors United 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 he	ow many total players in the Idaho Juniors United 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. 2.	Documentation of all sources of income for most recent 30 days					
3.	,					
4.	•					
	Free or reduced price	e school lunch	SSI or SSD			
	Food Stamps		Child Supp	oort		
	c members and financial aid ble to volunteer:	recipients to help The Clu	ub through v	olunteering. In which wa	ys can you be	
	Field Work	Assistant Coach	າ _	Team Manager		
	Fund Raising	Additional Ideas:				
docum inform	y that the above information entation to support the abo ation if necessary. I understance nce now and in the future.	ve information and to pro	ovide the Ida	nho Juniors United FC and	l additional	
Parent	/Guardian Signature					
Printed	d Name					
Date _						

Please scan and email these documents to idahojrsfctreasurer@gmail.com