CENTRAL CALIFORNIA AZTECS

2016/2017 Financial Hardship

ALL FINANCIAL INFORMATION IS KEPT CONFIDENTIAL.

Financial hardship approvals are not automatic; scholarships are awarded based on need and available funds.

Applications are reviewed judiciously by the Central California Aztecs.

All information provided with this application will be held in the highest confidence. All supporting documents will be shredded once the amount of financial aid has been determined. Please white out any social security numbers. CCA has limited funds available for financial aid. Your honesty in completing this application will ensure that these funds are allocated to those families most in need.

At a minimum, each player will be responsible for the Registration Fee of \$250. Players will also be responsible for purchasing their own uniform kit. Club deadline of April 1st will still apply, unless otherwise communicated. Please note that Financial Aid will not cover; referee fees, tournament fees/expenses or lights.

Player Nar	ne:			
Address:		City	Zip	
School of a	Attendance:		DOB:	
Parent/Gu	ardian Name:			
Address:		City	Zip	
email:		Phone:		
WITH PRO	OF OF INCOME AND FAM	ancial assistance: PLEASE NOTE TI	UBS, ASSISTANCE PROC	
Option 2: month.	We would need these pa	ayments to be spread over	months which will b	oe \$ per
Annual Inc	come:	Family Size:		
Club Fees:		amily needs financial help with th		
		nis application is true and complete		
Signature:		Date:		_

(Do not write below this line)

Coach's Name				
Recommendation & Notes:				
Date Sent to Financial Aid Director:				
By (Initials)				