

**Iberia Soccer Association**  
**“Soccer Is For Everyone”**  
**Financial Assistance Application**

Date: \_\_\_\_\_

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Residential Dwelling -  Rent  Own

Numbers of members in household including yourself:

Adult(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

School Aged Children: \_\_\_\_\_ Age(s): \_\_\_\_\_

Pre-School Aged Children: \_\_\_\_\_ Age(s): \_\_\_\_\_

Total members in household: \_\_\_\_\_

Total Monthly Household Income: \_\_\_\_\_

Food Stamps	\$ _____
Disability	\$ _____
SSI	\$ _____
Retirement	\$ _____
Child Support	\$ _____
Other Income	\$ _____

Attach a copy of the Previous Year's State and Federal Tax Income Tax Filings for all household members.

*I certify that the above information is correct. As the information provided above is confidential, it may be shared by the Iberia Soccer Association and its Board of Directors with any other party if necessary to obtain financial assistance for me and my children. I understand that the Iberia Soccer Association has the right to deny financial assistance to anyone who falsifies records or submits incorrect information or for any other reason and that applying for financial assistance to the Iberia Soccer Association does not guarantee that such assistance will be granted and that financial assistance will be only be granted based on the availability of funds and by approval of the Iberia Soccer Association Board of Directors or its representative(s). By submitting a completed application form, I understand that my application will be considered but such submittal does not guarantee that financial assistance will be granted.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_