

**FOR OFFICE USE ONLY**

LY \_\_\_\_\_  
Still Owing: \_\_\_\_\_

New Plan \_\_\_\_\_  
Start Date \_\_\_\_\_

**Real So Cal Financial Aid Request Form 2018-19**  
**Financial Aid will only be considered if this form is completed and returned!**

**Before submitting this application please know that we require submission of proof of income through a current paystub, first 2 pages of Form 1040, or copy of W2. If applicable, you must also include an explanation of change in income from this year to the last. Forms received without this data will be automatically rejected.**

Approval of this application is conditioned on all of the required information being submitted and is subject to available club funds. It should be understood per club guidelines that generally no more than 50% of the annual fee can be granted in aid by the club. Applicants and team members should take these factors into consideration when applying for aid.

The information requested below will be kept confidential but is necessary to assure that only those for whom payment presents a material hardship, as opposed to a mere inconvenience, are provided financial assistance. Our resources are limited and applications are considered on a needs basis only.

***Please PRINT information below.***

Player Name: \_\_\_\_\_ Team: B/G \_\_\_\_\_ Wht, Blu, Acad DOB: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Family Mailing Address: (street, city, zip) \_\_\_\_\_  
\_\_\_\_\_

Father name, occupation, and gross monthly income: \_\_\_\_\_  
\_\_\_\_\_

Mother name, occupation, and gross monthly income: \_\_\_\_\_  
\_\_\_\_\_

Guardian name, occupation, and gross monthly income: \_\_\_\_\_  
\_\_\_\_\_

Describe the reason for and the amount of aid requested: \_\_\_\_\_  
\_\_\_\_\_

How much are you committing to pay now, and then on a monthly basis (You must make a commitment):  
\_\_\_\_\_

I pledge that the above statements are true and correct. I understand that the Board of Directors will review this application and will decide what, if any, financial assistance can be made available to my son/daughter. I also understand that it is my responsibility to meet my financial and volunteer obligations to the Club in a timely manner or my child will be suspended from training with the Club.

Return to: Howard Fink, President

WVSL/RSC

6430 Variel Avenue #103

Woodland Hills, CA 91367

Office fax # 747-226-3199 or email to finance@realsocal.org, You can also leave it in the locked dropbox outside the office 24/7

\_\_\_\_\_  
Signature

**Approved applicants will receive a verification email with the terms and must acknowledge receipt via email. All previous club obligations must be satisfied for the new plan to be valid.**