



Dallas Texans Florida
Select Program
APPLICATION FOR FINANCIAL AID

Please fill out the following application and return the completed form in a sealed envelope, to the DTF Vice President. The application will be reviewed by the DTF Financial Aid Committee to verify needs, eligibility and monies available. Information on the application will remain confidential between the applicant, and the DTF Financial Aid Committee. The DTF Treasurer will retain approved applications for accounting purposes only. The DTF Financial Aid Committee will present recommendation to the DTF Executive Board for approval. No names will be mentioned.

PLAYER INFORMATION:

Name: _____ Team: _____

PARENT/GUARDIAN INFORMATION:

Name: _____ Employer: _____

SSN: _____ Salary: _____ Work Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone: _____

Spouse: _____ Spouse Employer: _____

SSN: _____ Salary: _____ Work Phone: _____

Number & Ages of Dependents in household: _____

Primary Email Address: _____

Financial Aid requested:

Cost of Club Registration Fee _____ **Amount you can Pay \$** _____

Cost of Club Fees _____ **Amount You Can Pay \$** _____

Total Amount of Aid Requested \$ _____

In order to receive financial aid, you must agree to the following. Please initial on the line that you understand and have read the commitment.

_____ I agree that I will fulfill the Financial Aid requirement by volunteering my time in repayment of reduction of my player's fees. (This is per player.)

_____ I agree to the commitment of competitive traveling soccer, including but not limited to, practices and tournaments, and further agree that I'm responsible for paying my player's portion of team related expenses associated with coaches travel expenses, tournament entry & personal travel.

_____ I understand that failure to complete my commitment may result in me being required to pay back the financial aid, and being denied financial aid in the next season.

_____ I have attached proof of need (i.e. eligibility letter for free/reduced school lunch, food stamps, or similar program; pay stubs; or letter explaining extenuating circumstances &/or hardships)

ADDITIONAL INFORMATION: Please give details concerning your particular situation. Use additional paper if necessary and attach to form.

Areas of interest for volunteering (i.e. Fields, bathrooms, concessions, tournaments, recreational programs, other - be specific)

I certify and affirm that the information contained in this application is true and complete to the best of my knowledge. I agree to inform Dallas Texans Florida of any change in my income, family size, or ability to pay. I understand incomplete information could jeopardize eligibility for financial assistance. I have read the Program Description and understand **there is no guarantee of fee assistance**. I understand that Dallas Texans Florida, Pensacola Futbol Club, its officers, directors, commissioners, coordinators, select coaches, club coaches, and volunteers make no promise or assurances of financial aid. I understand the award amount is subject to funds available and the family's ability to pay and is NOT based on playing ability. I understand as a condition of receiving financial aid, I will be required to volunteer between 10 - 40 volunteer hours, determining on amount of aid awarded, in support of the Dallas Texans Florida Soccer Program and I am willing to do that in an effective and reliable manner, or risk losing the award.

I understand that applying for financial aid does not automatically grant me financial aid.

Parent/Guardian Signature _____ Date _____

Signature of Parent/Guardian: _____ Date: _____

I

DTF USE ONLY: Approved Disapproved Date: Signed:

Detail of Financial Aid: