



P.O. Box 130 Leesport, PA 19533

FINANCIAL AID FORM

Please complete this form in its entirety, include any relevant attachment(s), and mail to: **Rage Soccer Club, c/o Financial Aid Committee, PO Box 130, Leesport, PA 19533**. All applications will be discreetly reviewed at the subsequent BSA Board Meeting and treated with complete confidentiality.

Players Name: _____

Parents Name: _____

Address: _____

Contact Phone Number: _____

Rage Team: _____ Boys/Girls

Amount of Requested Aid: \$ _____

Reason for Financial Request: _____

Supporting Information (**please include copy of latest IRS tax 1040 form/W2**): _____

PARENTS SIGNATURE DATE

By signing this document, I hereby certify that all information provided in this form and any attached documents to be accurate and current information.

DO NOT WRITE BELOW THIS LINE

BSA REQUEST NUMBER: _____

DATE RECEIVED: _____

APPROVAL DATE: _____

AMOUNT APPROVED: _____

BOARD MEMBER APPROVAL: _____