

Fusion SC – Premier Program

Financial Aid Application



CONFIDENTIAL – Fusion SC will not share this information with others

Please fill out entire form and print.

Please also provide club with at least TWO Eligibility Information samples. You will need these samples to be approved.

1 PARENT/GUARDIAN INFORMATION				
Parent / Guardian Last Name:		First Name:		Home Phone No.: ()
Work Phone No.:		Cell Phone No.:		E-mail:
Home Address (Do NOT use a P.O. Box):		City	State	Zip Code
Mailing Address (If different from above):		City:	State:	ZIP Code:

2 PLAYER INFORMATION					
List all children in your family and indicate those currently participating in Fusion SC					
Player Last Name	First Name	Age	Grade in School	LYSL Player?	Prior Seasons
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	

ELIGIBILITY INFORMATION	
3A PUBLIC ASSISTANCE PROGRAM INFORMATION	CHECK all programs you participate in.
<input type="checkbox"/> Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> TANF (AFDC) <input type="checkbox"/> Healthy Families A & B <input type="checkbox"/> Cal Works	
3B HOUSEHOLD INCOME INFORMATION (Skip if you filled out 3A)	
Number Of Persons in Household: Adults _____ + Children (under 18) _____ = _____ Total Annual Household Income: \$ _____ , _____	
Please Check All	<input type="checkbox"/> Wages / Salaries <input type="checkbox"/> Child Support <input type="checkbox"/> Interest/Dividends <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Self Employment Income <input type="checkbox"/> Spousal Support <input type="checkbox"/> Insurance Settlements <input type="checkbox"/> Disability Payments <input type="checkbox"/> Rental/Royalty Income <input type="checkbox"/> Social Security <input type="checkbox"/> Legal Settlements <input type="checkbox"/> Workers Compensation

4 DECLARATION (Please read and sign below)			
I certify that the information that I have provided in this application is true and correct. I agree to provide proof of income. I agree to provide proof of public assistance program participation. I understand and agree that if I receive Fusion SC financial assistance through falsification or misrepresentation of the information provided in this application that I will be required to pay back the fee discount received. I understand that Fusion SC will not share my information. I understand that the amounts of assistance provided by Fusion SC are discretionary and subject to the approval of the Club Financial Aid Committee.			
X Patient/Guardian signature _____		Date _____	
Mail to: Fusion SC 1976 Fourth Street Livermore, CA, 94551		FOR CLUB USE ONLY Date Received: _____ Amount Approved _____ Approval Signature _____	