



## **Southeast Soccer Academy**

### **Financial Assistance Request Form**

1. Player's First and Last Name:

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2. Parent(s)/Guardian(s) First and Last Names:

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3. Address (street, city, state, zipcode):

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4. Other siblings playing for SESA? Please list name(s) and team(s):

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6. Verification of yearly income (a copy of last year's taxes).

**Please attach to this form.**

7. Please tell us why you need financial assistance from SESA:

Please initial next to each statement that you understand and agree to the information below:

\_\_\_ 1. I understand I must pay the initial \$90.00 registration fee to secure our spot on the team.

\_\_\_ 2. I will actively participate in the available fundraisers throughout the year to help cover some of the player fees.

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Parent Signature Date