FINANCIAL AID APPLICATION

2026-2027 Season

APPLICATION PERIOD: JUNE 24-30, 2026

NO APPLICATIONS WILL BE ACCEPTED AFTER JUNE 30, 2026.

IMPORTANT INSTRUCTIONS

- Print this application and complete every field in ink. Write N/A for any question that does not apply.
- Attach at least one required supporting document listed in Section 6.
- **Applications that are not completely filled out or are missing required documents will be returned without review.**
- A corrected application must still be received no later than June 30, 2026.
- **Financial aid may not exceed 25% of the player's eligible club fees.**

Purpose: Elk Grove United has limited financial-aid funds. Awards are based on demonstrated need, available funds, and the number of qualified applicants. Assistance is not guaranteed.

1. PLAYER INFORMATION

Player full name: _____	**Date of birth:** _____
Team / age group: _____	**Coach:** _____
Years with the club: _____	**Player registration status:** _____

2. PARENT / GUARDIAN INFORMATION

Parent/guardian name: _____	**Relationship to player:** _____
Email: _____	**Phone:** _____
Home address: _____	**City / ZIP:** _____

3. HOUSEHOLD INFORMATION

Number of adults in household: _____	**Number of children in household:** _____
Number of players in the club: _____	**Monthly household income before taxes: $** _____
Current employer(s): _____	**Employment status: [ ] Full-time [ ] Part-time [ ] Unemployed** _____
Do you receive public assistance? [ ] No [ ] Yes _____	**If yes: [ ] CalFresh [ ] Medi-Cal [ ] SSI [ ] Other** _____

ASSISTANCE REQUEST AND SUPPORTING DOCUMENTS

4. ASSISTANCE REQUESTED

Total eligible club fees for this player: $ _____	**Amount already paid: $** _____
Amount family can pay now: $ _____	**Amount family can pay monthly: $** _____
Amount of aid requested (maximum 25%): $ _____	**Requested payment start date:** _____
[ ] Registration / commitment fee _____	**[ ] Monthly club fees [ ] Other:** _____

Maximum amount the club may award: Total eligible club fees x 25% = $ _____

5. REASON FOR REQUEST

Describe the circumstances creating the need for assistance. Include any recent change in employment, medical expense, housing cost, family emergency, or other hardship that affects your ability to pay club fees.

_____

_____

_____

_____

_____

6. REQUIRED SUPPORTING DOCUMENTS

Attach at least one document showing current financial need. Black out Social Security numbers, bank account numbers, and information that is not needed for review.

[ ] Most recent federal tax return (first page only)
[ ] Two recent pay stubs or proof of unemployment
[ ] Proof of CalFresh, Medi-Cal, SSI, free/reduced lunch, or similar assistance
[ ] Letter explaining an unusual hardship when standard documents are unavailable
[ ] Other supporting document: _____

INCOMPLETE APPLICATIONS OR APPLICATIONS MISSING REQUIRED DOCUMENTS WILL BE RETURNED.

FAMILY COMMITMENT AND SUBMISSION

7. FAMILY COMMITMENT

No player or family may receive more than 25% of the player's eligible club fees for the season. Approved families are responsible for at least 75% of eligible club fees and must pay the agreed family portion on time.

[ ] I understand that any award applies only to the approved player, season, and fees listed in the award notice.

[ ] I understand that assistance may be reduced or ended if information is materially false or payment arrangements are not followed.

[ ] I agree to notify the club if my financial situation improves or the player leaves the team.

[ ] I understand that the maximum award is 25% and I am responsible for the remaining balance.

8. CERTIFICATION AND SIGNATURE

I certify that this application is complete and that the information provided is true to the best of my knowledge. I authorize the club to verify the information for the limited purpose of reviewing this request. I understand that submitting an application does not guarantee assistance.

Parent/guardian signature: _____	**Date:** _____
Printed name: _____	**Best contact method:** _____

9. FINAL CHECK BEFORE SUBMITTING

[ ] Every field is completed, or I wrote N/A.

[ ] The application is signed and dated.

[ ] At least one required supporting document is attached.

[ ] Every page and document is clear and readable.

Privacy: Applications and supporting documents will be kept confidential and reviewed only by authorized club representatives.

HOW TO SUBMIT

Take clear photos/images or make a clear scan of every completed page and all supporting documents.

Email everything to **admin@elkgroveunited.org.**

Applications must be received June 24-30, 2026. No applications will be accepted after June 30.

CLUB REVIEW WORKSHEET - CONFIDENTIAL

AUTHORIZED CLUB USE ONLY - AWARDS MAY NOT EXCEED 25% OF ELIGIBLE CLUB FEES

APPLICATION REVIEW

Player: _____	**Team / age group:** _____
Reviewer(s): _____	**Review date:** _____
Total eligible fees: $ _____	**Amount requested: $** _____
Family contribution: $ _____	**Funds currently available: $** _____
Maximum allowable award (fees x 25%): $ _____	**Proposed award within cap? [ ] Yes [ ] No** _____

COMPLETENESS AND DEADLINE CHECK

[ ] Every field is completed or marked N/A, and the form is signed.

[ ] At least one required supporting document is attached.

[ ] Application was received June 24-30, 2026.

[ ] Return to applicant: [ ] Incomplete [ ] Missing documents [ ] Late

NEED ASSESSMENT

Documented financial need: _____	**[ ] High [ ] Moderate [ ] Limited** _____
Recent hardship or change: _____	**[ ] Significant [ ] Some [ ] None stated** _____
Family ability to contribute: _____	**[ ] Limited [ ] Partial [ ] Full payment possible** _____

DECISION

[ ] Approved - award does not exceed 25% of eligible club fees

[ ] Approved at a reduced amount because funds are limited

[ ] Payment plan offered without direct aid

[ ] Waitlisted pending available funds

[ ] Denied - insufficient need or no funds available

[ ] Returned - incomplete, missing documents, or received after June 30

AWARD DETAILS

Award amount (maximum 25%): $ _____	**Family amount due: $** _____
Monthly family payment: $ _____	**Payment begins:** _____
Authorized approval: _____	**Date:** _____

Conditions / notes:

_____