

Northern Ohio Elite Soccer Academy (NOESA)

FINANCIAL AID APPLICATION

PUOUCEDIVISION (INTERNAL USE ONLY)

SEASON _____

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PLAYER INFORMATION

LAST NAME _____	FIRST NAME _____	MALE/FEMALE _____	BIRTH DATE _____
ADDRESS _____			NEW PLAYER: <input type="checkbox"/>
CITY _____	STATE OH _____	ZIP _____	If returning player, last season played _____

PARENT/GUARDIAN INFORMATION (CONTACT INFORMATION WILL BE USED FOR PUOUÛECOMMUNICATION ONLY)

FATHER'S NAME _____	EMAIL _____	PHONE () _____
MOTHER'S NAME _____	EMAIL _____	PHONE () _____
HOUSEHOLD ANNUAL TAXABLE INCOME _____	NUMBER OF DEPENDENTS _____	AMOUNT REQUESTED _____

PLEASE CHECK ALL THAT APPLY

- ___ MY CHILD IS ELIGIBLE FOR THE FREE/DISCOUNTED SCHOOL LUNCH PROGRAM
- ___ I AM ELIGIBLE FOR WELFARE, FOODSTAMPS OR OTHER GOVERNMENT SUPPORT DUE TO INCOME
- ___ IN THE PAST 1 YEAR I HAVE FILED FOR OR HAVE COLLECTED UNEMPLOYMENT OR DISABILITY BENEFITS
- ___ OTHER, THE FOLLOWING CIRCUMSTANCE SHOULD BE CONSIDERED WHEN DECIDING ELIGIBILITY:

WE NEED YOUR SUPPORT! PLEASE CHECK AREAS YOU WOULD BE WILLING TO HELP.

___ VÖCF Á ÇP ÖÉÖÜ _____ UVPÖÜÄK _____

___ ÖMP ÖÜÖÖÖÖ _____

___ ÜÖÖÖVÜÖVÖPÁV: [~ ! Ú Æ] • É / ä æ DÁ _____

SIGNATURE

I, the parent/guardian for the above child am requesting PUOUÛEprovide financial aid for the registration costs due to my Financial Hardship. I understand PUOUÛEmay request additional documentation to support the information provided above.

X _____

PARENT GUARDIAN SIGNATURE _____ PARENT GUARDIAN NAME (PLEASE PRINT) _____ DATE _____

NOESA WILL MAINTAIN THIS INFORMATION IN STRICT CONFIDENCE!

		(INTERNAL USE ONLY)	
PLAYER FEE	\$ _____	TOTAL PAID	\$ _____
UNIFORM FEE	\$ _____	TOTAL AID APPROVED	\$ _____
DISCOUNT APPLIED	\$ _____	PROCESSED BY	_____ DATE _____
LATE FEE	\$ _____		
TOTAL DUE	\$ _____		