

LaVille Youth Sports – Lancer Select
Financial Aid Application 2021-22022

Date: _____

Player Name: _____ Player Age Group: _____ # of children in Club _____

Parents Names: _____

Primary Address: _____ City: _____ State: _____ Zip: _____

Father Cell: _____ Father Email: _____

Mother Cell: _____ Mother Email: _____

Every Application Must Include a Signed Copy of Previous Years Tax Return- Form 1040 or 1040A only
NOTE: without SIGNED tax return financial aid will be denied

You may also include a letter clarifying any extenuating circumstances that explains changes from previous season(s)

Information from Your Federal Income Tax Return (Copy of Return Required)

Filing Status (Circle): Single Married filing Joint Head of Household

Total Number of Exemptions (Form 1040 Line 6d **OR** form 104A Line 6d): _____

Adjusted Gross Income (Form 1040 Line 7 OR Form 1040A Line 21): _____

I certify that all the above information is true and correct, and that actual adjusted gross income from my most recent federal income tax return has been reported. I give permission to the Club Officials to verify, as necessary, any information contained on or provided with this application. Deliberate misrepresentation, inaccuracies, and/or incomplete information provided on this application will be cause for expulsion from the Club and full immediate payment of all fees will be required.

Parent/Guardian Signature: _____ Date: _____

For Office Use:

EFC: _____ Total Fee: _____ Award: _____

Player Fee: _____ Got Soccer: _____ Email: _____