



**COLORADO STORM SOCCER ASSOCIATION  
FINANCIAL AID APPLICATION  
FALL 2008**

Colorado Storm Soccer Association feels strongly that Financial Aid should be made available to soccer players and their families who lack the financial resources to pay registration fees. There are limited funds available, which will be awarded on the basis of need and commitment. This form must be submitted with team registration materials and a copy of this year's or last year's tax return.

**ALL INFORMATION ON THIS APPLICATION IS STRICTLY CONFIDENTIAL**

**PLAYER INFORMATION** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Player resides with: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Mother and Father \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Current Storm Team: \_\_\_\_\_ Coach's Name: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION** Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Parents: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single

Father's Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Position: \_\_\_\_\_

**HOUSEHOLD SIZE** Number of adults in household: \_\_\_\_\_ Number of Children in household: \_\_\_\_\_

Number of children playing for Storm: \_\_\_\_\_ Competitive \_\_\_\_\_ Recreational

**FEES:** Please see Storm Registration Form for age group and level.

We request Financial Aid for full/partial amount of \$ \_\_\_\_\_

Is your annual household income \$30,000 or below? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain why you are applying for Financial Aid in the space below.

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Are you participating in any fundraising activities (Bingo, King Soopers certificates, ...)? Please list:

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In evaluating your request, the Financial Aid Committee may contact your children's Coach and/or Team Manager for comment on player commitment, including practice and match attendance, team spirit and parental volunteerism.

Any fees not covered by Financial Aid are the responsibility of the recipient. All Financial Aid recipients are required to perform volunteer service on behalf of the club or team. All Financial Aid recipients are strongly urged to participate in the grocery certificate program. All requests will be evaluated on an individual basis.

I understand and accept the Financial Aid application procedures.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form as soon as possible to your team manager.

Please contact Said Mossavian at 303-268-1133 or [said@coloradostorm.com](mailto:said@coloradostorm.com) with any questions.