



Fort Wayne United Soccer Association Financial Aid Application Form

Please fill in all requested information. Applications not completed entirely will not be considered.

Personal Information

Name of applicant/Player: _____

Address/City/Zip: _____

Telephone: 260- _____ - _____ Date of Birth: _____

Preferred email (if any): _____

Soccer Background

Number of seasons played: _____ Positions played: _____

Perspective Select Coach: _____ Team name: _____

Age group this season: U- _____

Financial Information

Have you ever requested aid from Select before? _____ yes _____ no

Financial aid is being requested for (check all that apply): _____ fees _____ uniforms

Do you presently own or rent your home? _____ Household monthly income _____

Is there presently more than one wage earner in your home? _____ yes _____ no

Are you willing to assist the league in various positions as needed? A no answer does not affect whether or not this is approved. _____ yes _____ no

Briefly describe why financial aid is being requested at this time: _____

Mail to: Greg Cochran
1411 Autumn Lane
Auburn, IN 46706