

Almaden FC Financial Assistance Request

PLAYER INFORMATION	
Last Name _____	First Name _____
School _____	Date of Birth _____
AFCTeam _____	

FAMILY INFORMATION	
<u>Father:</u>	
Last Name _____	First Name _____
Phone _____	_____
Home address _____	
City / Zip Code _____	
Employer Name _____	JobTitle _____
<u>Mother:</u>	
Last Name _____	First Name _____
Phone _____	_____
Home address _____	Email _____
City / Zip Code _____	
Employer Name _____	JobTitle _____
# Children currently playing in AVYSL/AFC _____	
# Years participating in AVYSL/AFC _____	

Amount of financial assistance requested \$ _____ (maximum 50% of yearly fee)
 Enter \$0 above if you are only requesting an alternate payment plan.

This form must be submitted via email or direct mail along with a copy of your W2's and most recent tax return. Please email scanned files to tjohnkjohn@aol.com (cell phone photos of documents will not be accepted. Scanned copies only.) If you do not have a scanner, you may also mail hard copies to Kelly Johnson, PO Box 20491 San Jose, CA 95160.

Reason for request: _____

Notes: All families receiving financial assistance are required to perform the league-required 4 hours of volunteer service. If your family financial situation improves, you may be asked to pay additional fees. Non-payment of amount owed may result in suspension from the league.

Parent Signature _____ Date _____

Form may be mailed to AVYSL Registrar at PO Box 20491, San Jose CA 95160, or form may be emailed to tjohnkjohn@aol.com.

Official Use Only:	Date Received:	Decision:
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