

STFA – United

Application for Financial Aid

Player's Name: _____ Team: _____

Season _____

1. What are you applying for?

Extended Payment Plan

Partial Scholarship

2. Is parent/ guardian unemployed? YES NO

If so, how long? _____

3. Does your child qualify for one or more public assistance program?

Please select all that apply.

Free/ Reduced Lunch General Relief Food Stamps

Aid for Dependent Children Foster Care Medicaid

Social Security Income

4. Has your player received a scholarship in a prior season? YES NO

5. If you are requesting a scholarship, how much of the season fee are you able to pay?

6. If you are requesting a payment plan, please complete the following:

of Installments Requesting: _____ Fees to be paid in full by: _____

I certify that all of the above information is true and correct. I understand this information is being shared to determine eligibility for financial aid. I understand that the Financial Aid Committee may request supporting documentation to verify the information on this application and that aid may be denied if requested documentation is not supplied.

X _____ Date _____

Parent/ Guardian (Printed) _____

****Please upload this form at the time of registration and email form to oborounited@gmail.com****