



**BURKE ATHLETIC CLUB
TRAVEL SOCCER**

APPLICATION FOR FINANCIAL ASSISTANCE

For the Fall 2017 season, parents may apply for financial assistance to help cover a portion of their travel training fees (the amount may be up to 50% of the training fees). This application will be due no later than August 1, 2017. **No applications will be accepted after this date.** A check will be mailed to the teams for an amount determined by the travel team committee. The total allocation will not exceed 50% of the team training fees. No assistance will be provided for tournament fees or other costs associated with travel soccer.

Please complete this application by August 1, 2017 and forward it to: BAC, P.O. Box 11311, Burke, VA 22009. The information contained on this form is considered private and will be handled in an administratively confidential manner. No application will be accepted after the due date.

Name of Player: _____ Date of Birth: _____

Name of Parent/guardian: _____ Home Phone: _____

Address: _____ Work Phone: _____

Team name: _____

School Player Attends: _____ Grade: _____

in Family: _____ # of Wage Earners: _____

Financial Assistance Provided in Previous Season: YES/NO

This family qualifies for some amount of assistance because we have been approved for:

____ Public Assistance ____ Medical Assistance ____ Unemployment
____ Food Stamps ____ Free/reduced school lunch ____ Energy Assistance
____ Section 8 or Public Housing ____ Other Special Consideration (please explain)

Remarks: _____

Burke AC considers your application for financial assistance to be a serious and legal matter. By signing this form, you certify that the information provided is correct and give Burke AC written permission to verify the information.

Signature of Parent/Guardian: _____ Date: _____