



Confidential Application for Financial Aid

Please submit one application per child

Player's Name: _____ Date of Birth: _____

Mother or Guardian's Name: _____

Father or Guardian's Name: _____

Home Address: _____
Street City Zip Code

Home Phone: _____ Cell Phone: _____

Email address: _____

Number of Individuals in your Family: _____

Number of Children in AC DELRAY Programs: _____

Please explain your need for financial aid or any other relevant circumstances.

Annual Household Income: \$ _____

Does your child receive Free or Reduced school lunch? Yes or No (Circle one)

The AC DELRAY Financial Aid Committee reserves the right to request additional information regarding income before completing its review. Information obtained from this application and/or the income verification process shall remain confidential and will be reviewed only by the AC DELRAY Financial Aid Committee.

Total Cost for Season Participation (not including optional training/tournaments/travel/uniforms):
\$1,000.00

Players receiving Financial Aid will be required to contribute a minimum of \$100 (to cover registration, insurance.)

Players will not be registered until financial aid applications are approved. If financial aid is approved, a detailed contract will be presented and will require parent/guardian signature. Contract will include a requirement for the recipient to perform volunteer hours during the season, in support of the club.

Nonpayment will lead to a revoked player pass and financial aid contract. Also understand that you are required to contribute to team tournament costs, as well as to participate in club fundraisers. Efforts to obtain outside sponsorships in your community can help to reduce our club/tournament costs. These funds will remain with the club should your child leave AC Delray. The club has the right to require a player to return all uniforms if their financial obligation is not fulfilled. There is a \$250.00 release fee and all club fees must be paid in full to be considered for release. Financial aid will be withdrawn from players that do not consistently participate in training and matches, violate the Code of Ethics outlined in the Player/Parent Contract, or request to leave the club prior to the end of the season.

We (I) certify that to the best of my knowledge the above information is true and accurate and understand the conditions associated with receiving financial aid.

Parent/Guardian Signature _____ Date: _____

AC DELRAY makes every attempt to offer financial aid to all qualified applicants. However, we have limited financial aid funds and may not be able to fund all requests. Awards are need based, not merit based.

Please Do Not Write In This Space AC DELRAY Use Only

Request Approved _____ Request Denied _____

Amount Approved \$ _____

Required Family Contribution \$ _____

Payment structure as follows: _____

AC DELRAY Financial Aid Administrator

Date

Completed applications may be turned in to your coach, or directly to Nick Hindhaugh.
Address questions to Nick at: nick@delrayac.com or (561)866-3319