

Issaquah FC

2024 Financial Aid Program Application

The purpose of our Financial Aid Program is to provide the children of Issaquah FC and surrounding communities, who would otherwise not be able to participate due to financial circumstances, the opportunity to play soccer and develop their skills. Issaquah FC is proud to offer this program to eligible families. For privacy purposes, the names of families and information about families applying for assistance will not be shared with anyone outside the Financial Aid Committee. All applicable parts of this confidential application should be completed and submitted along with supporting documentation. *A higher priority will be given to applications that are fully completed.* The Issaquah FC Finance Coordinator will notify applicants of any awards approximately 7 to 10 days after the application deadline.

Please complete a separate application for each player.

All applicants <u>must</u> provide a completed application along with the following documents:

- 2023 US Federal Income Tax Return Copies of page one and two of Form 1040, 1040A or 1040 EZ. In case of divorce, please include the returns of both parents, OR;
- Copy of current qualification letter for student acceptance into the free or reduced lunch benefit program at their school consistent with Federal income eligibility guidelines, or other current Federal programs (e.g. childcare assistance, aid for dependent children, etc.) if there is any;
- (Optional) Documentation supporting any changes in your financial circumstances or any other financial obligations you would like us to consider.

Please send the completed application and supporting documentation to:

Issaquah FC Financial Aid Program PO Box 1794 Issaquah, WA 98027

Or scan the application and supporting documentation and email it to: Finance@lssaqhahFC.org

As a non-profit organization we have limited funds to provide financial aid each season. Please submit the application by the deadline below.

Submission Deadlines:

Select program: May 15th (fall/winter season) **Recreational program:** May 31st (fall season)

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Player Name:		ar: Gender: M / F
Program: Select: Recreation		
Number of Members in Househ	old: Number of chil	dren playing with IFC:
Parent/Guardian:		
Name:		
Address:	State	Zin Codo:
City:		
Phone: hEmail:		
Amount requested: \$		
Certification and Signature:		
The information that I have provide	ded on this application is tr	ue and correct.
Parent Signature:		Date:
Our goal is to support as many fa	amilies with the greatest ne	ed as possible. Please
share anything that would help us	s in our decision making pr	ocess:
•	, PO Box1794, Issaquah W	/A 98027
<u>ok</u> scan and	email to: Finance@lssaqh	anro.org