

## FC TUCSON YOUTH FINANCIAL ASSISTANCE FORM

Please provide **ALL** the information requested below. Incomplete forms will not be processed. All information will remain confidential. Note that there are two pages to this form. Your complete application must include the (1) FCTY Player Scholarship Application, (2) FCTY Income & Employment Form, and (3) your 2024 Federal Income Tax Return and related schedules for all family members residing with the applicant and/or all guardians or family members providing financial support to the applicant.

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Application Checklist	
I have completed the following:	
FCTY Financial Assistance Form	
FCTY Income and Employment Form	
FCTY Player Scholarship Application	
I have provided a copy of my 2024 Federal Incom	ne Tax Return
************	***************
Player's Full Name:	Today's Date:
Team (e.g., '10 Boys Black):	Coach:
Address:	City:
Zip: Home Phone:	Birth Date (m/d/y):
Email:	
Parent 1/Guardian:	Cell Phone:
Parent 2/Guardian:	Cell Phone:
************	***************
<i>Household Income</i> (This includes all individuals whether they reside with the applicant or not.)	who contribute financially to the applicant's household
What is the total <b>ANNUAL</b> income for <b>ALL</b> wag	e earners in your household?
How much of the program fee can you affor	rd to pay for your child each month?

Updated 3/9/25 – FCTY Scholarship Program – Charlie MacCabe – charliemacc2@msn.com

Are you a single-parent family?	Number of children playing competitive club soccer:
Number of children under 18 living at home:	Number of children in college:
Number of years my son/daughter has played for FC Tucson Youth, TVSC, or TSA?	
What is your monthly rent/mortgage?	
List any parental support positions you will hole	d this year (e.g., team manager, treasurer, fundraising
coordinator, etc.)	
List the team fundraising/volunteer activities yo	ou participated in last year:
Wolfgang Weber FC Tucson Cup Tournament of	larship players/families U-17 and below must assist with the r some other FCTY activity such as our recreational program. pate in all team fundraisers. Failure to meet these obligations all scholarship assistance.
	ation above is accurate and that you understand the nore, you agree to contact the FCTY Scholarship Program ial situation changes during the season.
Parent/Guardian Signature:	Date:
************	****************
Official Use Only Date Received:	Amount/Month: