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 Income Tax Return ☐

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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: _____

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Household Income (This includes all individuals who contribute financially to the applicant's household whether they reside with the applicant or not.)

What is the total **ANNUAL** income for **ALL** wage earners in your household? _____

How much of the program fee can you afford to pay for your child each month? _____

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 hold this year (e.g., team manager, treasurer, fundraising coordinator, etc.) _____

List the team fundraising/volunteer activities you participated in last year: _____

_____

Scholarship Compliance Obligations: *All scholarship players/families U-17 and below must assist with the Wolfgang Weber FC Tucson Cup Tournament or some other FCTY activity such as our recreational program. Scholarship players are also required to participate in all team fundraisers. Failure to meet these obligations may result in the suspension or termination of all scholarship assistance.*

By signing below, you confirm that the information above is accurate and that you understand the scholarship compliance obligations. Furthermore, you agree to contact the FCTY Scholarship Program Coordinator in a timely fashion if your financial situation changes during the season.

Parent/Guardian Signature: _____ Date: _____

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Official Use Only Date Received: _____ Amount/Month: _____