



Request for Financial Assistance- NorthStar

NorthStar Soccer Inc has a limited amount of funds for those families needing help with soccer fees. Please provide the following information so that we may determine the organization's ability to assist you. Financial assistance requests will be considered upon receipt of **a completed form and the first two pages of your last 2 years of Federal Tax Returns**. Given the many applications NorthStar receives, we may not be able to fulfill all requests. Each family that receives financial assistance is expected to participate in NorthStar Soccer Fundraising activities that will also help them reduce their financial obligation.

Please turn this form into the NorthStar office.

This form should be submitted to the Club at: The NorthStar Scholarship Fund
NorthStar Soccer Club
526 W 14th Street; Ste # 212
Traverse City, MI 49684

Parent's / Guardian's Name _____

Address _____

Phone Number _____ Email Address _____

Player's Name _____ Grade _____ NorthStar Team _____

of Household members _____ Adjusted gross income * \$ _____

*Please attach the first two pages of your federal tax returns from the past two years.

Please give a brief explanation of the reason for this request. For example: *My recent hospitalization has caused an unforeseen financial hardship for our family.*

Because our funds are very limited, we ask that all families contribute to their fees. Please let us know your financial aid needs.

Signed : _____

Date: _____

Signed: _____

Date: _____

The NorthStar Scholarship Committee will review all applications and distribute our funds across all qualifying applications. Your team manager and you will be notified of the status of your Request for Financial Assistance within 30 days.