

Central Florida United



Central Florida United Soccer Academy (CFU Soccer)

Financial Assistance Application

Player Information:

- Player Name: _____
- Date of Birth: _____
- Program Applying For (Competitive, Academy, Developmental): _____

Parent/Guardian Information:

- Name(s): _____
- Address: _____
- Email: _____
- Phone Number: _____

Financial Information:

- What is your total household income: _____
- Briefly describe financial situation, and reason for requesting assistance:

- May we contact your employer?
 - ☐ Yes. Employer contact info: _____
 - ☐ No
- Are you requesting:
 - ☐ Partial Fee Reduction – Example 25% reduction, 50% reduction, etc.
 - ☐ Extended Payment Plan
 - ☐ Other (please specify): _____

Additional Information (Optional):

(Provide any additional information you would like the BOD to consider.)

Authorization and Acknowledgement:

By signing below, I confirm that the information provided is accurate to the best of my knowledge. I understand that CFU Soccer may request additional information if necessary to evaluate this application. I also understand that submission of an application does not guarantee assistance.

Signature of Parent/Guardian: _____

Date: _____