

Soccer Rhode Island
United States Youth Soccer
Olympic Development Program
Application for Financial Aid

Date _____ Player's Birth Date _____

Player's Name _____
Last First

Parent's Name _____
Last First

Parent's Name _____
Last First

Home Address _____
Street

City State Zip

Home Phone No. (____) _____ Email _____

Father's Employer _____

Address _____

Mother's Employer _____

Address _____

Financial Information:

Total Family Annual Income (current year) \$ _____
Fair Market Value of Family Home \$ _____
Mortgage Balance on Family Home \$ _____
Total Family Assets (including house, cars, stocks, bonds, real estate) \$ _____
Total Family Debts (including mortgage, personal loans, cars) \$ _____

Financial Aid Requested:

Amount Requested: \$ _____
Amount You Can Pay \$ _____

I certify that to the best of my knowledge the above information is accurate.

Parent's Signature Date

Note: A copy of your most current income tax form must accompany this completed application for financial aid. Your application will not be considered without it.
Return all information to: SRI Financial Aid, 1150 New London Avenue,
Suite LL1, Cranston, RI 02920