Trevian Soccer Club/FC United
Application for Financial Assistance

Today's Date: _____

Name of Father/Guardian: _____

Name of Mother/Guardian: _____

Address: _____
street address city zip

Home/cell phone: _____ Work phone: _____

Name(s) and ages(s) of players:

_____

Total number (and ages) of children in household:

_____

Briefly describe the reasons for applying for financial assistance:

_____

_____

_____

_____

Please submit the following documents to support your application:

1. Most recent IRS 1040 forms from all parents or guardians living in your household.
2. Most recent pay stubs or other proof of current income from all working parents or guardians living in your household.
3. Proof (bills, etc) of significant legal or medical expenses, if applicable.

Signature: _____ (Father or guardian)

Signature: _____ (Mother or guardian)

Send completed application to:

Janet Sorensen
Family Service of Glencoe
675 Village Court
Glencoe, IL 60022