



East Hanover Soccer Club

Application for Financial Aid for the 2009 Recreation Program

Please complete all information and print clearly.

Player's Name: _____

Mother's / Guardian's Name: _____

Father's / Guardian's Name: _____

Home Address Street: _____

City: _____ State: _____ Zip _____

Home Telephone Number: () _____ - _____

Email Address: _____

Number of players in the EHSC Recreation Program: _____

Please explain your need for financial aid or any other relevant circumstances¹.

Do any of you children play travel soccer in any travel league? Yes or No (Circle One)

Financial Aid Requested

Cost of CSC Program \$ _____

Amount You Can Pay \$ _____

Amount of Aid Requested \$ _____

¹ The East Hanover Soccer Club Board reserves the right to request income verification before completing its review and taking action on any financial aid request.



East Hanover Soccer Club

Application for Financial Aid for the 2009 Recreation Program

We (I) certify that to the best of my knowledge the above information is true and accurate.

X _____
Parent/Guardian Signature

_____/_____/_____
Date

PLEASE RETURN THE COMPLETED FORM IN A SEALED ENVELOPE, MARKED

“ATTENTION: East Hanover Soccer Club President” to the Recreation Department

Or

MAIL IT DIRECTLY TO:

President
East Hanover Soccer Club
PO Box 212
East Hanover, NJ 07936

DO NOT WRITE IN THIS SPACE FOR EHSC BOARD USE ONLY

Request Approved: _____

Request Denied _____

Amount Requested

\$ _____

Amount Approved

\$ _____

Required Family Contribution

\$ _____

X _____
East Hanover Soccer Club
President

_____/_____/_____
Date