



East Hanover Soccer Club

Application for Financial Aid for the EHSC 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 EHSC 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.



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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