



Shenandoah Valley United, Inc.

Financial Aid Application Form

All financial aid requests will be reviewed by a committee and will be kept confidential. Past applicants approved for financial aid, MUST reapply every year, with complete and current documentation.

****Email request to Shenandoahvalleyunited@gmail.com or mail to Shenandoah Valley United 54 East Market Street, Harrisonburg, VA 22801****

Please Print. Use One Form Per Child.

Season / Program / Division: _____ Amount Of aid requested: \$ _____

Player Information:

Last Name: _____ First Name: _____ MI: _____

Primary Parent Information:

Last Name: _____ First Name: _____ MI: _____

Street: _____ City: _____ Zip: _____

Phone: _____ (cell) _____ Email Address: _____

Secondary Parent/Guardian/Contact Info:

Last Name: _____ First Name: _____ MI: _____

Street: _____ City: _____ Zip: _____

Phone: _____ (cell) _____ Email Address: _____

Financial Information

Please Check One: _____ Own _____ Rent _____ Public Housing

Mortgage / Rent Payment: \$ _____

Does your family receive Aid to Families with Dependent Children? _____ Yes _____ No

Is the player on a free or reduced-cost lunch program? _____ Yes _____ No

Father's Occupation _____

Employer: _____ Income: \$ _____ /per month

Mother's Occupation _____

Employer: _____ Income: \$ _____ /per month

By signing I am stating that all information is true and accurate, that I acknowledge that any financial aid that may be granted under this application will be forfeited in the event that the information herein is determined to be materially false.

Father's Signature: _____ **Date:** _____

Mother's Signature: _____ **Date:** _____