

AFC Lightning Financial Aid Request

Please complete and mail it to:

AFC Lightning, c/o Financial Aid Committee, 1200 Hwy 74 S, Ste. 6, PMB 134, Peachtree City, GA 30269

Applications must be sent by **mail only** along with the first two pages of your prior years' tax returns.

All items must be received by AFC Lightning by June 10, 2011

All financial information provided will be kept confidential. No applications will be considered without this financial information.

Child #1: _____

AFC Team: _____

Child #2: _____

AFC Team: _____

Parent Name: _____

Phone Number: _____

E-Mail Address: _____

Please fill out the following information:

Request: _____ Partial Scholarship / Parent Contribution: _____

_____ Customized Payment Plan

Total Amount Being Requested: \$ _____

Rent/Mortgage: \$ _____

Household Monthly Income: \$ _____

Other loan/credit Payments: \$ _____

Additional Income including child support \$ _____

Circumstances to be considered (please include all financial circumstances and eligibility for school lunches)

Are you or player willing to volunteer time to offset scholarship? _____

Who are the family members willing to volunteer time/skills to AFC? _____

What are your weekly days & hours available to volunteer? _____

What particular areas of skill or experience which can help AFC: _____

I am willing to commit to fully reimburse AFC for any scholarship granted should player decide to leave AFC for another club within 2 years or if player does not regularly attend training sessions and scheduled games or does not fulfill team expectations/player/parent conduct agreement.

Parent Signature: _____

Parent Signature: _____