



Newton Girls Soccer Financial Assistance Application for Newton Academy

CONFIDENTIAL

Newton Girls Soccer believes that players should not be denied participation in our soccer programs due to inability to pay. We offer fee waivers based on income and family size, as well as special circumstances or temporary hardships. Applications for financial assistance are confidential and do not impact whether or not a player is invited to participate in the Academy.

To apply for financial assistance for the Academy program, please complete and mail this form and supporting documents to:

Newton Girls Soccer
Attn: Nina Levin, Treasurer
27 Oak Street
Newton, MA 02464

Please submit your application after you receive the invitation to join the academy. If financial assistance is approved, we will send you registration instructions via email.

(1) Please circle the program that you are applying for: Academy Development Academy

(2) How much, if any, are you able to contribute towards the program fee?

\$

(3) Is your family receiving financial assistance for another NGS program? YES NO

(4) Please provide your contact information:

Guardian Last Name	Guardian First Name	Phone	Email Address
Guardian Last Name	Guardian First Name	Phone	Email Address

(5) List the player(s) for whom you are requesting the fee waiver:

Last Name	First Name	Grade

(6) List everyone who lives in your household – both adults and children – including yourself:

Last Name	First Name	Relationship to Player
		<i>Self</i>

(7) Total Number of Household Members

#

(8) Total Yearly Gross Family Income

\$

(9) Please submit a copy of one or more supporting documents as described below:

- a. Most recent IRS 1040 pages 1 and 2 for all wage earners supporting the children
- b. Pay stubs of adult wage earners if recent changes have occurred
- c. Child support and/or alimony pages from divorce decree
- d. Unemployment information
- e. Benefit information from Transitional Assistance/SNAP (Food Stamps)
- f. Other explanation of family income and support
- g. Information about changes in family status, unforeseen medical problems, changes in employment status, other emergencies, or temporary hardships

(10) Please complete and sign IRS Form 4506 (Request for Copy of Tax Return)

<https://www.irs.gov/pub/irs-pdf/f4506.pdf>

I certify that all information is a true and accurate representation of family financial income and support:

Sign here: _____

Print name: _____ Date: _____