



# FINANCIAL AID REQUEST

Date: \_\_\_\_\_ I am applying for financial aid for Club year: \_\_\_\_\_

Applying for:  Travel Team  Blenders Program  Not sure

## Applicant (Player) Information:

Name: \_\_\_\_\_  
Last First Middle Initial

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ HS Grad Yr: \_\_\_\_\_

Number of years in SBVC: \_\_\_\_\_ Number of siblings in SBVC: \_\_\_\_\_

## Parent/Guardian Information

1) Parent(s)/Guardian Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City State Zip

Home Telephone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Single  Married  Divorced  Own  Rent

Monthly Mortgage Payment: \_\_\_\_\_ Monthly Rent Payment \_\_\_\_\_

2) Parent/Guardian Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City State Zip

Home Telephone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Single  Married  Divorced  Own  Rent

Monthly Mortgage Payment: \_\_\_\_\_ Monthly Rent Payment \_\_\_\_\_

 **Please Attach a complete copy of the previous year's Federal Tax Return including all schedules, from both parents/and or signatory.**

***Financial Aid Requests will not be processed without this.***

**Father or Legal Guardian:**

Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_ Other Income: \_\_\_\_\_

Work Address: \_\_\_\_\_

**Mother or Legal Guardian:**

Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_ Other Income: \_\_\_\_\_

Work Address: \_\_\_\_\_

**Both Parents and/or Guardians:**

Total Net Assets: \_\_\_\_\_

**Reason for applying for Financial Aid:**  
(Use reverse side if more room needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How much total do you feel you can pay toward Club Fees this season?** \_\_\_\_\_  
(Do not leave blank)

**Parent/Guardian Signatures:**

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Father/Guardian

**Mail to: ATTN Financial Aid Committee, PO Box 30772, Santa Barbara CA 93130**

OFFICE USE ONLY:	Financial Aid Year _____	<input type="checkbox"/> Travel	<input type="checkbox"/> Blenders
	<input type="checkbox"/> Financial Aid Approved	Amount Awarded \$ _____	
	<input type="checkbox"/> Denied	<input type="checkbox"/> Minimum Requirements Met	
	<input type="checkbox"/> Notification Letter Sent	<input type="checkbox"/> Did not meet requirements	
	Administrator's Signature _____	Date _____	