



Marin FC Application for Financial Aid

This form can also be completed online at: <http://www.marinfc.com/financial-aid/>

Mail or deliver application and all required materials to:

**Financial Aid Director
The Marin Football Club
336 Bon Air Center, PMB 122
Greenbrae, CA 94904**

Application Checklist (all items **must be provided):**

☐ **THIS COMPLETE APPLICATION FORM** (5 pages)

☐ **MOST RECENT TAX RETURN**
pages 1 and 2 minimum of IRS Form **1040**(2018)

☐ **PLAYER'S FULL NAME**

FIRST	MIDDLE	LAST
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☐ **PRIMARY PERSON OF CONTACT**

FIRST	MIDDLE	LAST
TELEPHONE		EMAIL ADDRESS

The application deadline is:
Players born 2018-2012 - 6pm May 20, 2025

Players born 2011-2007 - 6pm May 30, 2025

❖ Penalty for late applications is 5% of calculated award per week after the deadline. ❖

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MARIN FC
336 BON AIR CENTER, PMB 122
GREENBRAE, CA, 94904





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PART I

APPLICATION INSTRUCTIONS

The amount of financial aid funds available is limited. Please complete all sections of this application with as much detail as possible. Write legibly in all areas. You may provide supplemental information on additional sheets if you so desire.

Aid is “**NEED**” based, which means that Marin FC will review your application amidst all the applications received and awards will divide the available financial aid funds proportionately across all eligible players. This means that awards may vary from year to year and previous awards of aid are not necessarily a direct indicator of a potential award in the coming season.

Applications are due by due date shown above. For applications received after this deadline, any award granted will be reduced by 5% per week from the deadline.

Applicant: Date of Application	For Marin FC Use Only		
	Date Rec'd	Date Complete	Fee Deposit Rec'd

PART II

PLAYER INFORMATION

Provide the information below for the player applying for aid.

Player

First Name	Middle	Last
Date of Birth		
Month	Day	Year
Mailing / Residency Address		
Street	City	Zip Code
School Enrollment		
Name	City	Grade (going into in the fall)
Contact Information		
Cell Phone Number	Home Phone Number	Email Address
Soccer History (if any)		
Team	Club	Coach
Prior Financial Aid (if any)		
Years	Club	Amounts

**PART III****FAMILY INFORMATION**

Provide the information below for the player's family.

Father (or primary guardian)

First Name	Middle	Last
Mailing / Residency Address		
Street	City	Zip Code
Contact Information		
Cell Phone Number	Home Phone Number	Email Address
Employment		
Employer	Occupation	Years employed by this employer

Mother (or secondary guardian)

First Name	Middle	Last
Mailing / Residency Address		
Street	City	Zip Code
Contact Information		
Cell Phone Number	Home Phone Number	Email Address
Employment		
Employer	Occupation	Years employed by this employer

Siblings (if applicable)

First Name	Last Name	Age
School	Plays Soccer? Which Club?	Does this sibling receive financial aid for any sports? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, amount:
First Name	Last Name	Age
School	Plays Soccer? Which Club?	Does this sibling receive financial aid for any sports? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, amount:
First Name	Last Name	Age
School	Plays Soccer? Which Club?	Does this sibling receive financial aid for any sports? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, amount:
First Name	Last Name	Age
School	Plays Soccer? Which Club?	Does this sibling receive financial aid for any sports? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, amount:

PART V

NEED DETAILS AND CIRCUMSTANCES

Provide the information below. Please be clear, complete and legible.

Is the need for aid temporary or permanent?

- ☐ Temporary (eg. between jobs, divorce, unusual medical or other expenses)
- ☐ Permanent (eg. fixed annual household income, household dependents such as elderly relatives)

Please explain the circumstances of the need:

[illegible]

How much *can* the household afford **MONTHLY** towards **this** player's soccer costs?

☐ \$100 ☐ \$125 ☐ \$150 ☐ \$200 ☐ Other: _____

Does any member of the household receive financial aid for education? ☐ Yes ☐ No

If Yes, please explain the nature, source, use and amount of educational aid:

[illegible]

What is the total annual household income as shown on IRS Form 1040 page 1, line 22? \$_____

How many persons constitute the household? Adults: _____ Minor Dependents (children): _____

Household Tax Filing Status: ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widowed

Are there any unusual tax related circumstances? ☐ Yes ☐ No

Are you unable to provide a copy of your IRS Form 1040? ☐ Yes ☐ No

If Yes to either of the two questions above, please explain:

[illegible]

**PART VI****AWARD & CONTRACT PROCESS**

The Marin FC Financial Aid Committee meets as needed to process applications. Marin FC reserves the right to discontinue financial aid at any time if the information provided is inaccurate. Amount of aid is awarded based on the review of all materials provided and the determinations/calculations of the Marin FC financial aid committee.

Upon determination of a financial aid award decision, the player and primary person of contact will be emailed and mailed their financial aid contract. The contract needs to be fully signed and initialed as indicated and returned to the club. Upon accepting the contract, the player and primary person of contact is then bound to the payment schedule shown on the contract. Payments are an initial deposit of \$300 followed by 7 equal divisions of the remaining team fee after the award amount has been deducted from the full team fee. Payments are due by the 1st of each month starting in June and ending in December

The player's remaining team fee obligation is rendered directly to the club. No interest is charged and players may pay off their obligation early.

Player's Initials : _____ Primary Person of Contact Initials : _____

PART VII**SUBMISSIONS AND SIGNATURES**

Read and understand the following:

We, the applicants, have read and agree to the terms of the Marin FC financial aid policy and any requirements outlined on this application. We are requesting that (player) _____ be placed on financial aid status with Marin FC. Everything stated in this application is true and correct to the best of our understanding. We understand that Marin FC will retain this application. We agree to answer questions and supply any additional information that the Marin FC financial aid committee requests.

Player		
Signature	Printed Name	Date MM / DD / YYYY
Father (or primary guardian)		
Signature	Printed Name	Date MM / DD / YYYY
Mother (or Secondary guardian)		
Signature	Printed Name	Date MM / DD / YYYY

PART VIII**QUESTIONS OR INFORMATION**

If you have further questions about our policy, the process or your eligibility for financial aid please contact:

Financial Aid Director
email : scholarship@marinfc.com