

FINANCIAL AID SCHOLARSHIP
REGISTRATION FEE(S)
2025 SEASON

Player 1 Name: _____

Age Division: 6U, 8U, 10U, 12U, 14U, 16U-18U
Circle one

Player 2 Name: _____

Age Division: 6U, 8U, 10U, 12U, 14U, 16U-18U
Circle One

Additional Players? _____

Age Division: 6U, 8U, 10U, 12U, 14U, 16U-18U
Circle One

1. Are you able to pay a portion of the registration fee or do you need assistance with the entire amount?

Portion – Full amount
Circle one

If you are able to pay a portion, how much can you afford? \$ _____

2. Have you received financial aid from the league in the past? Yes/No

3. Please briefly explain your financial situation (we aren't looking for your credit score or bank balance. Just a broad overview).

4. Does your daughter have her own equipment (mitt/cleats) that are in good condition and don't pose a safety risk?
Yes/No

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

The information provided in the application will be kept confidential. Please email the completed form to: Joelle at president.tcgfsa@gmail.com

Once this is reviewed and approved, a discount code will be emailed to you for use when registering online