

DYNAMO FC FINANCIAL ASSISTANCE REQUEST FORM

c/o Dynamo FC
P.O. Box 80261
Indianapolis, IN 46280
Email: dynamotreasurer@comcast.net

Season:

Request Payment Plan

Duration:

Player Name	
Current Dynamo Team	
School / Grade	
Parent(s) names	
Full Address	
Home Phone	
E-Mail	
Mother Employed By:	
Father Employed By:	
Player Employed By:	
Other Children in Family	
Other Siblings in Dynamo	
# Seasons with Dynamo	
Reason for Aid <small>(a specific statement describing situation, ie: single parent with no support, unemployed, etc.)</small>	

Date: _____ Parent Signature: _____

Date: _____ Manager Signature: _____

**The above information, including comments, is for the sole purpose of helping the Scholarship Committee. These requests are strictly confidential and will not be seen by anyone other than the individual's team manager and the Scholarship Committee*

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Terms and Conditions

1. Scholarships are only awarded to a player on an annual basis
2. The amount and availability of scholarships are dependent upon funds at the club available for such purposes.
3. Requests must be signed by team manager
4. Requests must be submitted by the due dates for each season
 - a. August 1st for Fall – Youth
 - b. December 1st for Spring – Senior
 - c. January 1st for Spring – Youth
5. Family requesting aid may be required to submit reasonable supporting documentation upon request
6. Requests for payment plans will utilize the same form and process

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