

**Manteca Rangers United**  
**APPLICATION FOR FINANCIAL AID**  
**Submit completed application to:**  
**Rangers Competitive Commissioner**  
**P.O. Box 1866**  
**Manteca, CA 95336**

**Confidential**

**Player Information:**

Application Date: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( \_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_ ) \_\_\_\_\_ E-Mail \_\_\_\_\_

**Parent Information:**

1<sup>st</sup> Parent's Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( \_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_ ) \_\_\_\_\_  
Employer Info : \_\_\_\_\_

2<sup>nd</sup> Parent's Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( \_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_ ) \_\_\_\_\_  
Employer Info : \_\_\_\_\_

List all children in your family (whether they are registered players or MASL/Rangers or not):

Name	Age	School	MASL / Rangers Player?	Current / Former / No
_____	_____	_____	_____	_____
Name	Age	School	MASL / Rangers Player?	Current / Former / No
_____	_____	_____	_____	_____
Name	Age	School	MASL / Rangers Player?	Current / Former / No
_____	_____	_____	_____	_____
Name	Age	School	MASL / Rangers Player?	Current / Former / No
_____	_____	_____	_____	_____
Name	Age	School	MASL / Rangers Player?	Current / Former / No
_____	_____	_____	_____	_____

**Assesment of need:**

Is your current financial situation temporary or permanent? Brief Explanation please:

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

Are you a single income or multiple income family? Single / Multiple Explain:

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

If you have not filed your 2009 IRS tax return please provide your estimated adjusted gross income for 2008. \_\_\_\_\_

(Please provide a copy of 1099's or W2 forms to provide total income for 2008)

What is your families adjusted gross income for 2008? \_\_\_\_\_

(Adjusted Gross Income is on IRS form 1040 line 7, 1040A line 21, or 1040EZ line 1.)

Father / Stepfather's earnings from working in 2008? \_\_\_\_\_  
 Mother / Stepmother's earnings from working in 2008? \_\_\_\_\_  
 How many people live in the household? \_\_\_\_\_  
 This includes all children, adults, and adult children living within the household.  
 How much of the MASL/Rangers fees can you pay? \_\_\_\_\_  
 Please state your reason(s) for requesting financial aid from MASL/Rangers: \_\_\_\_\_

How many years has your family been a participating member of MASL/Rangers? \_\_\_\_\_  
 Have you ever been a volunteer for MASL? YES / NO If yes Explain: \_\_\_\_\_  
 Are you willing to volunteer for Rangers United? YES / NO If yes please circle one below?  
**Tournament Helper    Field Marshall    Fundraising Committee Helper    Open to Other**  
 If given the opportunity for reasonable payment installments (example: 30,60,90 days), would this help?  
 If so, please explain or offer a suggestion for us to consider: \_\_\_\_\_

**Submit your signed and completed application, along with a copy of the front page of your 2008 filed federal tax return to: Rangers United, P.O. Box 1866, Manteca CA 95336**

Please direct any questions you might have to: Tony Valenzuela, Competitive Commissioner, at [highcompcommissioner@mantecasoccer.com](mailto:highcompcommissioner@mantecasoccer.com).

**Terms of the Rangers United Soccer Financial Aid Assistance**

The Rangers Financial Aid Committee meets as needed to process applications. Rangers reserves the right to discontinue financial air at any time if the information provided is inaccurate. Full aid, partial aid, or re-payment terms may be awarded based on the decision of the Rangers Financial Aid Committee. If acceptable terms of repayment are awarded and agreed to by both parties, you (the member) would be expected in good faith to make timely payments until the balance is paid in full.

The applicant has read and agreed to the terms of the Rangers financial assistance requirements outlined on this application. I am requesting that (player) \_\_\_\_\_ be placed on aid status with MASL / Rangers. Everything I have stated in this application is true. I understand that you will retain this application. I agree to answer questions and supply any information that the Rangers United Financial Aid Committee as requested when needed.

We hereby request financial air from the Rangers United Competitive Soccer Program/MASL:

Parent(s)/Guardian Signature	Print Name	Date
Parent(s)/Guardian Signature	Print Name	Date

**For MASL/Rangers Financial Aid Committee Use Only**

Date Application Received: \_\_\_\_\_ Approved For \$ \_\_\_\_\_  
 Denied Reason: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Date Review Completed: \_\_\_\_\_ Family Informed of Result On: \_\_\_\_\_  
 Family Notified By: Phone Call / E-Mail / US Mail / In Person