



Financial Aid Application

Date _____ Team _____ Club Season _____

Player Info

Name _____ Age _____ Grade _____ DOB _____

of years at CBVB _____ # of Siblings at CBVC _____

1) Parent/Guardian Info

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Single Married Divorced

Own Monthly Mortgage Pmt. _____ Rent Monthly Rent Pmt. _____

Occupation: _____ Annual Income _____ Other Income _____

Work Address: _____

2) Parent #2/Guardian Info

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Single Married Divorced

Own Monthly Mortgage Pmt. _____ Rent Monthly Rent Pmt. _____

Occupation: _____ Annual Income _____ Other Income _____

Work Address: _____

Reason for applying for Financial Aid:

How much total do you feel you can pay towards club fees this season? _____

Parent/Guardian Signatures:

Parent/Guardian #1

Parent/Guardian #2

Please attach a complete copy of the previous year's Federal Tax Return including all schedules, from both parents/guardians.

Please mail to: City Beach, Attn: Financial Aid, 2911 Mead Ave., Santa Clara, CA 95051