2025-2026 LEHIGH VALLEY UNITED
FINANCIAL AID APPLICATION

To complete this form, the parent(s) or legal guardian of the player will need the following:

- ❑ Social Security Number
- ❑ Driver's license number if you have one.
- ❑ Alien Registration Number if not a U.S. citizen.
- ❑ 2024/2025 federal tax information or tax returns (including IRS W-2 information).
- ❑ Information on household savings, investments, home, business and farm assets Please provide copies of all of the most recent bank statements, brokerage or other savings or investment account statements ❑ Information on household debt (credit card statements and balances, mortgage, personal or car loans, leases etc.)
- ❑ Approximate monthly income and expense statement

The application will not be considered complete without all the above referenced information. If you choose to, you may submit a letter regarding your circumstances in support of this application. If you are applying for more than one child, please complete this form for each child and attach. Only one set of financials is required.

Lehigh Valley United Financial Aid is intended for families at, or below, the poverty line. If your income is not at, or below the poverty line your application will still be considered but you will not likely receive any aid.
We do not offer full scholarships for player fees. We can adjust the monthly payments on a longer schedule to help reduce the burden.

All applications must be received in the Lehigh Valley United office within 10 days of acceptance of an offer to join an LVU Team. Financial aid will not be awarded to anyone who has not paid their deposit.

Please send to: Lehigh Valley United
Attn: Financial Aid
1344 North Sherman Street Allentown, PA 18109

The applications will be received by LVU Treasurer Gina Ramos and will be reviewed by the financial Aid panel. Any questions may be directed to Gina Ramos: ginamramos@lehighvalleyunited.com. All correspondence and files are kept in confidence.

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Player's Name: _____

Player's Team for the 2025-26 season _____

Address: _____
Street Apt# City St Zip

Phone: _____

Parent or Legal Guardian: _____ relationship_____

Address: _____
(if different from player) Street Apt# City St Zip

Phone: Day_____ Eve._____ Cell_____

Employer: _____

Social Security #: _____ **E-mail:**_____

Parent or Legal Guardian: _____ relationship_____

Address: _____
(if different from player) Street Apt# City St Zip

Phone: Day_____ Eve._____ Cell_____

Employer: _____

Social Security #: _____ **E-mail:**_____

Please attach all required supporting materials to this document and return to:

Lehigh Valley United
Attn: Financial Aid
1344 North Sherman Street
Allentown, PA 18109