



**One (1) Player per Form**

## United Soccer Athletes (USA) Soccer Club

### Request for Financial Aid

By completing this form, you are indicating your interest in being considered for financial aid as a member of the United Soccer Athletes (USA) Soccer Club. In order to better meet the financial needs of your player, we ask that you take a few minutes to complete both sides of this form. Please note that USA gives each financial aid request individual consideration. Responses to each request are based on player financial needs and USA's funding availability.

*Please be aware that completion of this form does not guarantee financial aid from USA Soccer.*

After receiving this completed form from you, the USA Board of Directors will review it and contact you with a financial aid plan. If our response meets your needs, we will discuss any remaining payment obligations at that point. Based on that determination and mutual agreement, formal documentation will be completed securing the aid. Full compliance with the fee structure detailed in that agreement is mandatory or your child's position within USA Soccer may be jeopardized.

Player Name: \_\_\_\_\_ Coach & Age Group: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different from above): \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: primary: \_\_\_\_\_ secondary: \_\_\_\_\_

Has your player received Financial Aid from USA Soccer before? (Circle One)      YES      NO

Please select one of the following reasons for you Financial Aid Request:

\_\_\_\_\_ Loss of Employment      \_\_\_\_\_ Insufficient Income

\_\_\_\_\_ Family Hardship (Death, Medical Bills, etc.)      \_\_\_\_\_ Other

Are you requesting Financial Aid for additional players? (Circle One)      YES      NO

If YES, please list them: \_\_\_\_\_

Additional information to assist USA in best understanding your financial situation:

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**OVER PLEASE**

updated 06/2020

To help USA Soccer better understand the level of Financial Aid that you are requesting, please complete the following details on the fees that apply to your player:

**Season Commitment (select one)**

Fall & Spring Full Participation:

(\$225 U7-8 / \$440 U9-10 / \$455 U11-12 / \$510 U13-14 / \$950 MSPSP 2 season) \$ \_\_\_\_\_

One (Fall or Spring) Season Full Participation:

(\$400 GVSA U15-up / \$545 MSPSP 1 season) ..... \$ \_\_\_\_\_

Single Season Partial Participation:

(\$190 U7-8 / \$325 U9-10 / \$355 U11-12 / \$400 U13-14) ..... \$ \_\_\_\_\_

**TOTAL DUE: \$ \_\_\_\_\_**

USA camps and other events cannot be included in FA and must be paid in full prior to event start date

**How much of the TOTAL DUE can you pay? \$ \_\_\_\_\_**

When considering the amount you can pay, please choose an option below:

**OPTION I: I can pay all of our amount by (date):**

**OPTION II: Payment Plan Needed: We will use Credit or Debit Card authorization to pull the following payments:**

PAYMENT #1 \$ \_\_\_\_\_ by July 14, 2023

PAYMENT #2 \$ \_\_\_\_\_ by August 4, 2023

PAYMENT #3 \$ \_\_\_\_\_ by August 25, 2023

PAYMENT #4 \$ \_\_\_\_\_ by September 15, 2023

**Credit Card Information (will be protected):**

**Name on Card:**

**Security # (On back of card):**

**Card Number:**

**Exp Date:**

**Signature Authorizing Payment Plan via Credit or Debit Card: \_\_\_\_\_**

In signing below, I affirm that the information provided above is an honest representation of my players financial limitations and needs at this time.

Requestor Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Requestor Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Club Recipient Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**CLUB USE ONLY**