



## Application for Fee Assistance SFSC

### **Program Description:**

St. Francis Soccer Club offers a fee assistance program for youth soccer participants who are in need of financial aid in order to play soccer on a SFSC Travel Soccer team.

The maximum financial aid grant is 75% of the scheduled team fees which does not include uniform, travel expense, and/or any other payments outside the scheduled deposits and payments per the travel soccer fee schedule. Most grants will be less than the maximum grant but the grant % will apply to each player of your household that is participating in the travel soccer program. Please note that families will be expected to maintain good financial standing with the club in regards to the remaining balance of team fees.

Grants will only apply on prospective payments so submitting applications early in the process is important. Applications received after 6/15 will be considered late and will only apply to future payments which impacts the value of the grant.

All grants are considered on an individual case by case basis subject to the grant criteria set by the board including the family's financial need and volunteer levels with the club.

Any grant for financial assistance is under the assumption the player will actively participate in practices and games at a reasonable level. Large numbers of missed practices, late arrivals, or misconduct can result in the removal of the financial assistance grant for the current and/or future seasons.

### **Confidentiality:**

All information is for the sole purpose of helping the SFSC Board of Directors / Financial Aid Committee make grants. Grant application requests are **strictly confidential** and will only be shared with members of the soccer club as needed for administration of club activities only.

### **Grant Process:**

Completed grants may be submitted to the team manager for the player or directly to a member of the SFSC Board of Directors via email or in person at times as mentioned by the club throughout the year.

**Part 1**

1) Player Birth Year, Team, and Coach If Known (example 2005 U14 Boys Elite Coach Smith)

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2) Soccer Player Applicant Name \_\_\_\_\_

3) School \_\_\_\_\_

4) Home Address \_\_\_\_\_

5) City \_\_\_\_\_ State \_\_\_\_\_

6) Person Completing Form \_\_\_\_\_

7) Relationship to applicant \_\_\_\_\_

8) Email \_\_\_\_\_ Phone \_\_\_\_\_

General Reason for Requesting Aid

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

**Part 2**

1) Number of people living in household (including adults) \_\_\_\_\_

2) Monthly Income (all sources) \_\_\_\_\_

3) Public Assistance (list types and amounts) \_\_\_\_\_

4) Food Stamps \_\_\_\_\_

5) Does the applicant qualify for free or reduced school lunches \_\_\_\_\_

6) Does the applicant play in other sport leagues currently or in the last twelve months? If so what amount(s) was paid by the applicant

\_\_\_\_\_  
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7) Has the player received financial aid in a prior year(s) from SFSC? If so, please list additional volunteer efforts made by the applicant. Please be as detailed as possible as additional volunteer hours is considered in the grant making process

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8) Requested Amount of financial assistance \$ and/or % \_\_\_\_\_

9) Please include any other items you would like the financial aid committee to consider when making a grant determination. \_\_\_\_\_

10) Please indicate the percentage of practices the players attended last season if he/she is a returning player. \_\_\_\_\_

11) Items to submit with the financial aid application include:

- a. Copy of application
- b. Copy of most recent tax return
- c. Copy of most recent pay stubs and other forms of monthly income

**Signature:**

I certify and affirm the above information is true and complete to the best of my knowledge. I agree to inform St. Francis Soccer Club of any changes in my ability to pay. I understand incomplete information could jeopardize eligibility for financial assistance. I understand SFSC, its officers, directors, coordinators, coaches, volunteers, and managers make no promises or assurance of any financial aid grant. I understand maintaining good financial standing on the remaining balance of the team fees is my responsibility.

Signature \_\_\_\_\_ Date \_\_\_\_\_