



COMPETITIVE (TRAVELING) LEAGUE PROGRAM INSTRUCTIONS FOR FINANCIAL ASSISTANCE

Dear Parent/Guardian: Thank you for your interest in the Red Wing Soccer Club. It is the policy of the Red Wing Soccer Club to provide financial assistance to any person who desires to participate, regardless of their ability to pay the fees. These funds are made available through contributions to the Red Wing Soccer Club from a variety of sources.

Financial assistance eligibility will be determined based on a thorough review of the application, financial documentation (Federal Tax form Page 1) and if necessary, a personal interview with the applicants parents/guardian. Subsidies will be granted to the extent funds are available.

The Red Wing Soccer Club believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their participation. Therefore, applicants are asked to pay a portion of the fees. **ALL FINANCIAL ASSISTANCE RECORDS WILL BE KEPT CONFIDENTIAL**

Application Procedures:

1. Fill out the Application on page 2 completely.
2. Proof of income must accompany all applications. Provide a photocopy of your most recent 1040 Federal or State income tax return.
3. Explanation of unusual expenses or financial difficulties. Tell us about any unusual expenses or other personal situations that make it difficult for you to pay the fees. Write a brief explanation of the problem on a separate sheet of paper and attach it to your application

Please allow two to three weeks for processing. Requests for financial assistance will be reviewed by a committee of club officers and should be submitted at least two weeks prior to registration deadlines. If you have any questions regarding financial assistance, please contact Alison Hanlin, 763-772-2231 or alisonhanlin@gmail.com

Please fill out the Application on page 2 completely, attach proof of income, any explanations, and send to: Red Wing Soccer Club P O Box 220 Red Wing, MN 55066 Red Wing Soccer Club PO Box 220 Red Wing MN 55066



COMPETITIVE (TRAVELING) LEAGUE PROGRAM APPLICATION FOR FINANCIAL ASSISTANCE

Player Information: Last Name _____ First Name _____
M.I. _____ Date of Birth _____
Phone (____) _____ - _____ Street Address _____
City _____ State _____
Zip Code _____ Email _____

Parent/Guardian Information

Parent/Legal Guardian Last Name _____
First Name _____ Currently employed? Yes / No Name of Employer _____
Monthly Gross Pay \$ _____ Phone Number to Reach You At Work (____) _____ - _____
Email _____

Other Parent/Legal Guardian Last Name _____ First Name _____
Currently employed? Yes / No Name of Employer _____ Monthly Gross Pay \$ _____
Phone Number To Reach You At Work (____) _____ - _____

Do you or your spouse receive any money each month that is not from work? Yes No Who Sends You The Money? _____ What is the Money For? _____
How Much Each Month? \$ _____ Who Sends You The Money? _____
What is the Money For? _____ How Much Each Month? \$ _____ How many adults live in your household? _____
How many children? _____

In general, the Soccer Club provides assistance to pay a portion of the fees required to participate in the program based on the application, 1040 Federal Tax return and comparison to a sliding fee schedule.

We will be in contact with you after your complete application has been reviewed. Regardless, what amount of the fees do you think that you could afford to pay? \$ _____

Important: Be sure to fill in all of the spaces on this application that apply to you and sign the application below. Attach proof of income (see instructions on page 1). We cannot process incomplete applications.
