



SOUTHSIDE SOCCER CLUB FINANCIAL ASSISTANCE REQUEST

FINANCIAL ASSISTANCE IS AVAILABLE TO ASSIST PLAYERS WHO ARE NOT ABLE TO AFFORD THE TOTAL COST OF CLUB SOCCER DUES. SOUTHSIDE SOCCER CLUB ONLY HAS A LIMITED AMOUNT OF FINANCIAL AID AVAILABLE AND APPLICATIONS WILL BE CONSIDERED ON A FIRST COME, FIRST SERVED BASIS.

PLAYER NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TEAM BIRTH YEAR _____ TEAM AGE LEVEL U- _____ GENDER(CIRCLE ONE) M / F

PARENT(S) OR GUARDIAN(S) NAME: _____

PHONE _____ EMAIL _____

- FINANCIAL AID IS LIMITED AND AVAILABLE ON A FIRST COME, FIRST SERVED BASIS
- MINIMUM ELIGIBILITY IS BASED ON THE FREE/REDUCED LUNCH PROGRAM
- COMPLETION OF THIS FORM DOES NOT GUARANTEE FINANCIAL ASSISTANCE

REQUIRED DOCUMENTATION FOR SOUTHSIDE SOCCER CLUB FINANCIAL ASSISTANCE

- COMPLETED AND SIGNED FINANCIAL ASSISTANCE APPLICATION
- A BRIEF PARAGRAPH STATING WHY YOU BELIEVE YOU QUALIFY AND HOW IT WILL HELP YOUR FAMILY
- A COPY OF YOUR DISTRICT'S FREE OR REDUCED LUNCH FORM THAT SHOW'S YOUR PLAYER HAS NOT JUST QUALIFIED BUT IS RECEIVING THAT BENEFIT.

_____ I HAVE READ AND AGREE TO SOUTHSIDE SOCCER CLUB'S FINANCIAL POLICY

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PLAYER SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

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FOR SSC OFFICIAL USE ONLY

APPROVED: YES / NO TEAM: _____ AMOUNT APPROVED: \$ _____

PLAYER QUALIFIES FOR (CHECK ONE):

- 30% FINANCIAL ASSISTANCE
- 50% FINANCIAL ASSISTANCE