



DCFC Financial Aid Form & Policy

This form may be used by travel or recreational players to apply for financial assistance. DCFC is pleased to offer an aid program for youth soccer athletes who are of proper age and in need of assistance..

Terms of Program:

1. DCFC requires all applicants to pay a minimum of \$100 per year (travel) or \$20 per year (recreation).
2. DCFC requires all applicants to provide volunteer support (field maintenance or one of the many other ways the Club needs help). Volunteer obligation will be detailed in a contract document that will accompany our announcement of funding/denial. This document will list award, if any, and lay out your obligation of volunteer hours if you accept.
3. Failure to adhere to the requirements may void the financial aid agreement which would make the applicant responsible for the entire cost of club participation.
4. Approved applicants will be contacted by a member of the club, but no application is formally approved until the contract is agreed to by a parent/guardian.
5. Deadlines for aid requests will be published on the DCFC web site. Or, if not posted, contact the club director for the program your player wishes to participate in.

Please type, or print clearly:

Player Name: _____
Age: _____ Birthdate _____ Sex: Male Female
School: _____ New Player: Yes No
Program: Rec Travel Requesting for what season and year _____

Parent/Guardian

Name: _____
E-Mail: _____
Employer: _____
Address: _____
City/State/Zip: _____
Phone: Home: _____ Work: _____ Cell: _____

All players, including those receiving financial aid, are responsible for their own uniform needs.

Please submit form and supporting documents to:

DCFC Financial Aid
4319 W. Clara Lane #100
Muncie, IN 47304

Confidentiality:

All financial aid information is for the sole purpose of helping DCFC decide how to allocate its limited resources to serve those of greatest need. These aid requests are strictly confidential.

Family Financial Information

How much of the fees could you afford to pay? _____

Number of wage earners in household: _____

Enter number employed: full time _____ part time _____ unemployed _____

Number of persons living in household: # of adults _____ # of children _____

Do you qualify for free or reduced school lunch program? YES NO

Do you qualify for other public assistance? YES NO Food Stamps? YES NO

Please give reason for financial aid request. Attach additional sheet if necessary.

Signature of parent/guardian: _____

Date: _____

***Please attach copies of official documents that speak to financial need.**

Acceptable documentation includes the following: free/reduced school lunches, public assistance, unemployment, or food stamps. In the absence of requested documentation, the family may request an extended payment plan.

For Club use only:

Date received: _____ Season: _____

Date reviewed: _____

Accepted: _____ Amount awarded: _____ Rejected: _____

Reason: _____