

Lakeville Soccer Club, Inc

Financial Assistance Guidelines

Lakeville Soccer Club (“LSC”) is a nonprofit organization. Financial assistance is awarded based on demonstrated need as assessed by LSC. Please provide the requested information to assist LSC in determining your eligibility for financial assistance. The information provided will remain confidential, will not be disclosed to anyone except the LSC Staff, and will be used for the sole purpose of determining eligibility for LSC scholarships.

Completing a financial assistance application does not guarantee that you will be approved for financial aid. LSC has limited funds available thus, scholarships are based on a first-come, first-served basis and solely on financial need. Depending on the number of financial assistance applications, LSC may award partial assistance in order to assist as many players as possible.

***Please Note:** LSC will consider financing up to 50% of the current LSC registration fees. Additional funds can be awarded for expenses related to team coaching fees and team training fees. Additional team fees such as travel, tournament, or any other player expense **are not eligible** for financial assistance. The player will be responsible for paying these additional costs.*

Application Process:

- To apply for an LSC scholarship, please email your application to the Director of Soccer Operations at clubadmin@lakevillesoccer.org or mail it to Lakeville Soccer Club, Inc, Atten: Director of Soccer Operations, PO Box 160, Lakeville, MN 55044
- The approval process will be handled by the LSC Staff.
- You will be notified regarding the status of your application within two weeks of receiving the application. If a scholarship is granted, you will be given more information on how to register. We will be contacting you via email. If you prefer a different form of communication, please let the Director of Soccer Operations know.
- Players will **NOT** be placed on a team or issued a player pass until the application has been approved and online registration is complete.

For questions regarding the LSC Financial Assistance program, please contact the LSC Director of Soccer Operations at clubadmin@lakevillesoccer.org.

Lakeville Soccer Club, Inc
Financial Assistance Application

Player Name: _____ DOB: __/__/____

Age Level (U6-U19): U- _____ Competitive: _____ Junior Academy: _____ Rec: _____ Seasons playing Lakeville Soccer? _____

Is there more than one LSC player in your family? Yes / No Number Playing: Competitive: _____ Junior Academy _____ Rec _____

Please describe/summarize why you are applying for financial assistance (use back of form if needed):

Household family income last year \$ _____

Number of Dependents/Household members _____

Does any member of your family receive the following: (circle Yes or No)

Free/Reduced lunch at school. Yes / No

Public Assistance? Yes / No

Subsidized Housing? Yes / No

Unemployment? Yes / No

Food Stamps? Yes / No

Medical Assistance? Yes / No

Please attach one of the following as proof of financial need. LSC may request further documentation regarding your financial situation upon further review.

- Current pay stubs for all earners in the household
- Proof of eligibility for school lunch program or other assistants, if applicable
- Financial aid applications and award statement from private/parochial school, if applicable
- Any other supporting evidence of your current financial situation

I certify and affirm the above information is true and complete to the best of my knowledge. I agree to inform LSC of any changes in my income or ability to pay. I understand incomplete information could jeopardize eligibility for financial assistance. I have read the above program descriptions and understand there is no guarantee of fee assistance. I understand LSC, its officers, directors, commissioners, coordinators, coaches, Club Coaches, volunteers, and Lakeville Parks and Recreation Department make no promise or assurances of financial aid. I understand the award amount is subject to funds available and my family's ability to pay.

Name (please print): _____ Relationship to Player: _____

Street Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Signature: _____ Date _____

Please return your application as soon as possible.
Mail Application To: Lakeville Soccer Club, Inc., PO Box 160, Lakeville, MN 55044
Or Email To: clubadmin@lakevillesoccer.org