



CENTRE SOCCER | MOUNTAIN DISTRICT UNION

FINANCIAL ASSISTANCE REQUEST FORM



Financial assistance is available to aid those players who are not able to afford the total costs associated with playing soccer. Centre Soccer Association (CSA) and the Mountain District Union (MDU) work to raise funds to help families who need assistance.

Financial assistance will be considered on a first-come, first-served basis and once the funds are depleted for a particular season, no more aid can be given. In order to spread the assistance as far as possible, we ask each family seeking aid to pay as much as they can afford. Both the CSA Board of Directors and the MDU Advisory Group are committed to maintaining reasonable registration fees so that more children have the opportunity to play soccer. This commitment to low registration fees means that the number and amount of registration fee scholarships is limited.

Applications for financial assistance must be made by a player's parent or guardian. We will consider many factors when evaluating eligibility for financial assistance. All applications must be completed thoroughly and should include a paragraph stating all relevant information. These circumstances may include, but are not limited to, illness, loss of employment or other changes in financial position.

Please realize that a request must be submitted for each season (i.e. for CSA Fall and Spring, or for MDU full year) and that the receipt of financial assistance in one season does not guarantee assistance in future seasons. Financial assistance applications will be held in confidence between the parent/guardian and the scholarship committee.

CSA Travel and MDU players are responsible for purchasing their own uniforms. Developmental and Fundamental player uniforms are provided at no additional cost. The expenses that can be covered by scholarship are limited to registration, coaches' fees and club fees. Scholarships **cannot** cover tournaments, extra training, clinics or travel.

Requests for assistance are due within one week prior to the end of the registration period for the season that financial aid is being requested. Please remember that aid will be granted on a first-come, first-served basis, based on the acceptance of each requestor's reason for eligibility. Exceptions may be granted after this time period, although they will be at the discretion of the scholarship committee.

It is expected that a family receiving financial assistance will volunteer to assist either the club or their team by helping to maintain fields, assisting at tournaments, lining fields, handling registration, or other volunteer opportunities, such as serving as a team parent. Please let us know if there are circumstances that would prevent family members from helping in this way.

Financial assistance to a player/family may be terminated if the financial situation is resolved, funds become unavailable, or if the player is deemed in conflict with the Club/Team requirements for player commitment or behavior.



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Player Name _____ DOB ____ / ____ / ____

Address _____ City _____ State _____ Zip _____

Team Name/Coach (if applicable) _____

Check One: ☐ MD Union ☐ CSA Travel ☐ CSA Developmental ☐ CSA Fundamental ☐ Other

Scholarship Amount Requested: \$ _____ Note: Funds are available for registration fees, coaches' fees and club fees. Scholarship funds **cannot** be used for uniforms, tournaments, extra training, or travel.

The following requested information would only be used by the Scholarship Committee to determine player eligibility for needs-based financial assistance.

1. Attach a paragraph explaining why you are requesting assistance.
2. What is the total number of CSA | MDU soccer players in your household?

- i. MD Union _____
- ii. CSA Travel _____
- iii. CSA Developmental _____
- iv. CSA Fundamental _____
- v. Other CSA _____
- vi. Total CSA/MDU _____

3. Total number of people in household _____ Total combined annual household income \$ _____

It is expected that a family receiving financial assistance will volunteer to assist either the club or their team. Please contact me for the following duties:

I certify that the information provided is true, complete and accurate. I realize that financial assistance to a player/family may be terminated if the financial situation is resolved, funds become unavailable, or if the player is deemed in conflict with the Club/Team requirements for player commitment or behavior. I realize that financial assistance is not guaranteed for subsequent seasons.

Signature

Print Name

____ / ____ / ____
Date

Relationship to Player: _____

Completed forms may be emailed to: treasurer@centresoccer.com