



Application for Fee Assistance SFSC

Program Description:

St. Francis Soccer Club offers a fee assistance program for youth soccer participants who are in need of financial aid in order to play soccer in a SFSC Recreation, Rec Plus, or Travel program. Each request is considered on a per season basis. Maximum financial aid is as follows Rec. 100% of registration cost, Rec. Plus 100% of registration cost, and Travel 75% of estimated costs with the remaining balance not to be less than \$75 (most travel grants will be less than the maximum). If a travel grant request cannot be made the financial aid committee may substitute a Rec. or Rec. Plus grant in its place.

Additional volunteer time is expected by families receiving aid. Our club sponsors several club tournaments throughout the year in addition to a club fundraiser. Also weekly concession, parking, and general field assistance is needed. Fulfilling additional volunteer expectations will be considered when evaluating financial aid requests for returning players.

Any grant for financial assistance is under the assumption the player will actively participate in practices and games at a reasonable level. Large numbers of missed practices, late arrivals, or misconduct can result in the removal of the financial assistance grant for the current and/or future seasons.

Confidentiality:

All information is for the sole purpose of helping the SFSC Board of Directors / Financial Aid Committee make grants. Scholarship requests are **strictly confidential** and will only be shared with members of the soccer club as needed for administration of club activities only.

Grant Process:

Rec and Rec Plus applicant's need to submit the financial aid request in person during registration. Only Part 1 needs to be completed and the form must be signed at the bottom.

Travel applicant's need to bring the completed application along with copies of their most recent tax return, pay stubs (and other forms of monthly income), and approval for free/reduced lunch as applicable to a scheduled in person meeting. The applicant can sign up for an in person meeting by selecting an available appointment time on the schedule which will be available

during try outs and supplemental tryouts. Both Part 1 and 2 needs to be completed and the form must be signed at the bottom. Grant decisions will be made during these in person meetings.

Part 1

- 1) Request assistance for Fall or Spring (Circle One) Rec. / Rec.+ / Travel (Circle One) Age U_
- 2) Soccer Player Applicant Name _____
- 3) School _____
- 4) Home Address _____
- 5) City _____ State _____
- 6) Person Completing Form _____
- 7) Relationship to applicant _____
- 8) Email _____ Phone _____

General Reason for Requesting Aid

Part 2

- 1) SFSC Coach (if known) _____
- 2) Team Name (if known) _____
- 3) Number of people living in household (including adults) _____
- 4) Monthly Income (all sources) _____
- 5) Public Assistance (list types and amounts) _____
- 6) Food Stamps _____
- 7) Does the applicant qualify for free or reduced school lunches _____
- 8) Does the applicant play in other sport leagues currently or in the last twelve months? If so what amount(s) was paid by the applicant

9) Has the player received financial aid in a prior year(s) from SFSC? If so, please list additional volunteer efforts made by the applicant.

10) Requested Amount of financial assistance \$ and/or % _____

11) Please include any other items you would like the financial aid committee to consider when making a grant determination. _____

12) Please indicate the percentage of practices the players attended last season if he/she is a returning player. _____

13) Items to bring to the financial aid meeting include

- a. Copy of application
- b. Copy of most recent tax return
- c. Copy of most recent pay stubs and other forms of monthly income
- d. Copy of approval for free/reduced lunch or food stamps as applicable

Signature:

I certify and affirm the above information is true and complete to the best of my knowledge. I agree to inform St. Francis Soccer Club of any changes in my ability to pay. I understand incomplete information could jeopardize eligibility for financial assistance. I understand SFSC, its officers, directors, coordinators, coaches, volunteers, and managers make no promises or assurance of financial aid. I understand the award amount is subject to funds available and the family's ability to pay.

Signature _____ Date _____