

**Summerville Soccer Club  
Financial Assistance Application  
Fall 2015/Spring 2016**

**Junior Academy Program and Select Program**

It is the policy of SSC to provide soccer opportunities for all youth regardless of the ability to pay to the extent there are Financial Assistance Funds available. The SSC is an equal opportunity organization. It forbids discrimination on the basis of race, religion, sex, nationality, age and health needs.

**Procedure for Filing:**

1. Parents/legal guardians must complete the Financial Assistance Application.
2. The child/player must be listed as a dependent on the 2014 Federal 1040 Tax Form or proof of guardianship must be provided.
3. Verification of income – REQUIRED (from BOTH parents):
  - a. Copy of 2014 Federal 1040 Tax Form with copies of most recent W-2 forms AND
  - b. If employed, copies of 2 paycheck stubs for wages received within the last 60 days.
4. A \$25 Financial Assistance Application Fee is due with each application (per player – maximum of \$50 per family). There are no exceptions to this policy. This application fee is non-refundable once you have accepted a position for your child on a team and will be credited towards registration.
5. Application will not be reviewed unless all information is completed and proper documentation is submitted.
6. Application and verification of income is due by June 1, 2015.
7. Questions regarding our Financial Assistance program should be e-mailed to [info@summervillesoccerclub.com](mailto:info@summervillesoccerclub.com).

**Once the application is reviewed, a representative from the committee will discuss any future payments needed and a contract will be signed.**

**Qualifications and Conditions:**

1. Family members and/or players are required to assist SSC in various club activities serving as volunteers as a requirement to receive financial assistance. The particular requirements and volunteer opportunities will be discussed with the notification of financial assistance.
2. Family members are required to sign a contract concerning remaining payments and volunteer requirements.
3. There must be a true, verifiable financial need.
4. The Financial Aid Committee will make aid decisions by June 15, 2015, and notify the applicant. All decisions of the Financial Assistance Committee are FINAL.

6. Information in this application is considered to be confidential by the SSC Financial Assistance Committee, Board of Directors, and the applicant making the request.
7. The Financial Assistance Application Fee will be applied toward the Initial Registration fee.
8. SSC does not offer financial assistance for team fees or uniform purchases. Recipients must stay current with Team Fees in order to remain in good standing.
9. Recipients receiving partial financial assistance MUST stay current with the agreed payment plan to retain good standing status.
10. Any recipient not current on the payment plan or team fees may be subject to loss of financial assistance for the remainder of the current year and/or future years and payment in full may be required before the player can participate in SSC practices/games or other functions.
11. SSC MUST be notified if your financial circumstances change. Recipient MUST request reevaluation if financial circumstances change.
12. Mail the application form, fee, and tax/payroll documentation in an envelope marked "Confidential" to:

Summerville Soccer Club  
P.O. Box 50691  
Summerville, SC  
29485-0691

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----Household----

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Father's Address: \_\_\_\_\_  
Father's Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Father's email: \_\_\_\_\_  
Mother's Address: \_\_\_\_\_  
Mother's Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Mother's email: \_\_\_\_\_

1st Player's Name as it appears on Birth Certificate: \_\_\_\_\_  
Academy or Select Program, Age Group/Team: \_\_\_\_\_  
DOB: \_\_\_\_\_ Sex: M or F  
Player lives with: Father (\_\_\_) Mother (\_\_\_) both (\_\_\_) Other Guardian (\_\_\_)  
Name of Other \_\_\_\_\_

2nd Player's Name as it appears on Birth Certificate \_\_\_\_\_  
Academy or Select Program, Age Group/Team \_\_\_\_\_  
DOB: \_\_\_\_\_ Sex: M or F  
Player lives with: Father (\_\_\_) Mother (\_\_\_) both (\_\_\_) Other Guardian (\_\_\_)  
Name of Other \_\_\_\_\_

3rd Player's Name as it appears on Birth Certificate \_\_\_\_\_  
Academy or Select Program, Age Group/Team \_\_\_\_\_  
DOB: \_\_\_\_\_ Sex: M or F  
Player lives with: Father (\_\_\_) Mother (\_\_\_) both (\_\_\_) Other Guardian (\_\_\_)  
Name of Other \_\_\_\_\_

**Household size** (people living at player's home) \_\_\_\_\_  
Number of family members playing for SSC: \_\_\_\_\_  
List other persons living at this address:  
First/Middle/Last  
Name \_\_\_\_\_  
First/Middle/Last  
Name \_\_\_\_\_  
First/Middle/Last  
Name \_\_\_\_\_

**Are you currently employed?** Yes \_\_\_\_\_ No \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_

Length of time with

Company \_\_\_\_\_

**Is your spouse/significant other employed?** Yes \_\_\_\_\_ No \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_

Length of time with

Company \_\_\_\_\_

**--Parent/Applicant Financial Data--**

**Do you have any additional income not listed on the required 2014 Federal 1040 Tax form, including child support?** No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please list Type and

amount: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you or your spouse a member of the Military?**

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, list

details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you currently receiving Federal or State Aid?** No \_\_\_\_\_ Yes \_\_\_\_\_

Please list (i.e. Food Stamps, Medical Aid,

etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If the child/player is not listed as a dependent on the required 2014 Federal 1040 Tax Form, please explain why:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Upon the acceptance of Financial Assistance, the parent/applicant agrees to assist Summerville Soccer Club (SSC) with fundraising or other club functions. Parents/players receiving financial assistance are required to volunteer, including during the SSC tournament(s). The parent/applicant fully understands that should their employment or financial situation change that SSC must be notified of such change. The parent/applicant agrees that regardless of whether financial assistance is granted or not, he/she will pay all Club Fees due of the Junior Academy or Select Program in monthly payments. **Also the parent/applicant is aware that Team Fees are the responsibility of the parent/player and that Team Fees and/or Club Fees must stay current for the player to retain good standing status.** By my signature below I understand that information obtained in this Application for Financial Assistance will be used only in determining eligible candidates for Financial Assistance and will not be released.

Parent/Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**ADMIN USE ONLY:**

APPROVED: \_\_\_ Yes \_\_\_ No

Notes:

Amount Awarded: \$ \_\_\_\_\_

Payment Agreement: \_\_\_\_\_