

Summerville Soccer Club

Financial Assistance Application





Summerville Soccer Club Financial Assistance Application

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 most recent Federal 1040 Tax Form or proof of guardianship must be provided.
3. Verification of income – REQUIRED from BOTH parents, if applicable:
 - 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**.
7. Questions regarding our Financial Assistance program should be emailed to <info@summervillesoccerclub.com>.
8. Mail the completed application form, fee, and tax/payroll documentation in an envelope marked "Confidential" to:
Summerville Soccer Club
ATTN: Financial Assistance Program
P.O. Box 50691
Summerville, SC 29485-0691

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

QUALIFICATIONS & 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**, and notify the applicant. All decisions of the Financial Assistance Committee are **FINAL**. Information in this application is considered to be confidential by the SSC Financial Assistance Committee, Board of Directors, and the applicant making the request.
5. The Financial Assistance Application Fee will be applied toward the Initial Registration fee.
6. 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.
7. Recipients receiving partial financial assistance **MUST** stay current with the agreed payment plan to retain good standing status.
8. 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.
9. SSC must be notified if your financial circumstances change. Recipient **MUST** request reevaluation if financial circumstances change.



HOUSEHOLD INFORMATION

Parent/Guardian Information

Name: _____
Address: _____
Home Phone: _____
Cell Phone: _____
Email Address: _____

Parent/Guardian Information

Name: _____
Address: _____
Home Phone: _____
Cell Phone: _____
Email Address: _____

1st Player's Information

Name: _____
Program: Academy Select
Team: _____
DOB: _____
Sex: Male Female
Lives with: Mother Father Both Other _____

2nd Player's Information

Name: _____
Program: Academy Select
Team: _____
DOB: _____
Sex: Male Female
Lives with: Mother Father Both Other _____

3rd Player's Information

Name: _____
Program: Academy Select
Team: _____
DOB: _____
Sex: Male Female
Lives with: Mother Father Both Other _____

Household Size

of People Living in Home: _____
of Family Members at SSC: _____
Others Living at this Address:
Name: _____
Name: _____
Name: _____

PARENT/APPLICANT FINANCIAL INFORMATION

Parent/Guardian Employment

Currently Employed: Yes No
Name: _____
Address: _____
Position: _____
Phone: _____
Time w/ Company: _____

Parent's Spouse/Guardian's Spouse Employment

Currently Employed: Yes No
Name: _____
Address: _____
Position: _____
Phone: _____
Time w/ Company: _____

Parent/Guardian Financial Data

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

If yes, please list the type and amount:

Are you or your spouse a member of the military? Yes No

If yes, please provide details:

Are you currently receiving Federal or State Aid? Yes No

If yes, please provide details (ex. food stamps, WIC, medical aid, etc.):

If the player is not listed as a dependent on the required (attached) 2015 Federal 1040 Tax Form, please explain why:

Please explain why the parent/applicant should be considered for Financial Assistance - be sure to include/explain any special circumstances that should be taken into consideration:

Have you received Financial Assistance from SSC before? Yes No

If yes, please list each season received: _____

Parent/Guardian Income & Expenses

All information provided will be held in strict confidence

If separated or divorced, SSC MUST receive the following information from each parent.

| Monthly Income | | Monthly Expenses | |
|--|-----------|-------------------------------------|-----------|
| Gross Monthly Salary | \$ | Rent/Mortgage | \$ |
| Net Monthly Salary | \$ | Auto/Loan | \$ |
| Unemployment Compensation | \$ | Auto/Loan | \$ |
| Social Security Compensation | \$ | Utilities (water/electric) | \$ |
| Child Support | \$ | Other Expenses - please list below: | \$ |
| Aid to Dependent Families (AFDC) | \$ | - | \$ |
| Food Stamps | \$ | - | \$ |
| Alimony | \$ | - | \$ |
| Other - please explain: _____ _____ | \$ | | \$ |
| Total Monthly Income | \$ | Total Monthly Expenses | \$ |

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 any SSC tournament. 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 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: _____

Print Name: _____ **Date:** _____

ADMINISTRATIVE USE ONLY

Notes: _____ **Approved:** Yes No

Amount Awarded: _____ **Payment Agreement:** _____