

# **2011-2012 Fever Financial Assistance Form**

## **Application for Scholarship/ Financial Assistance**

\*This form is to be completed by a parent or guardian. All information is confidential and will be reviewed only by the scholarship committee members. This form must be completed and brought to registration to be considered for financial assistance. All financial assistance forms and the decisions by the scholarship committee are final as of July 1<sup>st</sup>, 2011.

Today's Date \_\_\_\_\_

1. Player's Name \_\_\_\_\_ Age \_\_\_\_\_ Team \_\_\_\_\_

2. Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Father's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

4. Father's Employer Gross monthly income \_\_\_\_\_

5. Mother's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

6. Mother's Employer Gross monthly income \_\_\_\_\_

7. What is the gross monthly income from all other sources? \_\_\_\_\_

8. How many people live in the household and are dependent upon this income? \_\_\_\_\_

9. Does this player have any siblings playing with Fever? \_\_\_\_\_ Name \_\_\_\_\_ Team \_\_\_\_\_

10. How much per month can you afford to pay for each child to play soccer? \$ /mo \_\_\_\_\_

11. Please state the reasons for your request for financial assistance. Be sure to include any special circumstances that may not be reflected in this application \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Do you agree to complete 16 hours of volunteer work upon request of the Fever? \_\_\_\_\_

**Applications will not be accepted without the following required verification of income.**

**Please attach a copy of the 2010 IRS 1040. (Income tax return)**

**Please attach a copy of the Schedule C. (Income tax return for self employed)**

**Please attach copies of pay stubs or other income verification for all sources of income for at least one full current month.**

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**I understand that parent participation in fundraisers and volunteering for team duties is mandatory and I agree to help with team and club fund raising activities.**

**I understand that I will be responsible for all other expenses not covered by the Scholarship.**

**I affirm that all the information given on this application is true and correct.**

Player's parent or guardian signature (Father) \_\_\_\_\_ Date \_\_\_\_\_

Player's parent or guardian signature (Mother) \_\_\_\_\_ Date \_\_\_\_\_

**\* All families must pay the \$150 non-refundable deposit in order to be considered for a scholarship/ financial assistance.**

# **2011-2012 Fever Financial Assistance Guide**

## **Financial Assistance Program Policy**

This program will provide financial support to players who may need such assistance to play.

## **Financial Assistance Program Committee**

Fever shall maintain a FA Committee to administer the financial assistance program. The FA Committee will convene annually, and shall include the current Treasurer of Fever, the executive director, and the club president. The FA Committee shall complete its decision-making process no later than July 1<sup>st</sup>, 2011. All actions of the FA Committee are confidential.

## **Financial Assistance Criteria**

FA will be awarded based on objective qualification criteria set annually by the FA Committee. Qualification criteria will generally track published Federal poverty guidelines based on gross monthly income and family size. FA awards will be determined by the applicant's level of qualification, the total number of qualified applications, and the amount of funds available for FA.

## **Financial Assistance Awards**

FA awards will be applied towards essential club dues. The FA recipient's family will be required to pay a portion of the Club Annual Dues (FA Player Co-payment). This amount will be communicated in writing to the FA recipient's family. The FA Player Co-payment will be divided into monthly payments due on the 10th of each month.

## **Application Process**

FA applications and all supporting documentation must be provided at registration. The \$150 registration fee must accompany the financial assistance information. The FA committee will provide an answer to the FA application no later than July 1<sup>st</sup>, 2011.

## **Eligibility**

**To be eligible for Financial Assistance, all applicants' parents/guardians must sign the Fever FA agreement and adhere to all guidelines set forth by the Fever and the Financial Aid Committee. In addition to demonstrating dedication through consistent attendance at team practices, games and team events, all FA recipients are required to complete mandatory volunteer hours (16). These volunteer hours will be administrated by the Fever Events committee.**