



Financial Assistance Application Packet

PO Box 4229
El Dorado Hills, CA 95762

**Please note – the application is currently open for recreational program participants. Applications for financial aid for competitive program participants will be released at a later date.*

The El Dorado Hills Soccer Club (EDHSC) financial assistance program is open to all players in our club and is designed to help players in need. All financial assistance is evaluated and granted based on need, and the applicant's commitment to volunteer time to this organization. This application is not a guarantee of financial assistance.

Applicants are requested to pay an affordable amount. If your financial circumstances improve, we request the applicant to repay some or all of the monies going forward, as to allow EDHSC to continue helping players in need.

The applicant must complete the enclosed application in full no later than June 30, 2020 including the following:

- a) Completed **Financial Assistance Application**
- b) Signed **Financial Assistance Agreement**

All information submitted to EDHSC will be held in confidence and will be viewed strictly by the designated EDHSC Board Members. A separate request is required for each player and filing an incomplete application may result in being declined for financial assistance. Financial assistance recipients are required to re-apply each year.

Upon the conclusion of the current soccer season, the enclosed **Verification of Service Form** must be completed and returned no later than December 1, 2020. This form records agreed hours of service to the club, per player, during the current soccer season. Volunteer opportunities may be as a coach, assistant coach, team parent, field preparer, and/or other volunteer roles to satisfy your service.

The enclosed Financial Aid Application Packet for the 2020 EDHSC recreational playing season must be completed and returned no later than June 30, 2020 to treasurer@edhsc.org.

Have a great soccer season.

Jeff Dietrich

Treasurer, EDHSC
El Dorado Hills Soccer Club



Financial Assistance Application Packet

PO Box 4229
El Dorado Hills, CA 95762

FINANCIAL ASSISTANCE APPLICATION

Player Information

Player Name: _____ Player Birthdate: _____

Player Age Group, Gender (example U10B) _____

Name of School Attending (during season): _____

Parent/Guardian Information

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email _____

Financial Information

Annual Household Income: \$ _____

of Dependents (including yourself): _____

Federal, State, and/or Local assistance anticipated in current year: \$ _____

Explanation of Hardship: _____

Has this player or other players in your family received assistance from EDHSC in previous years? If yes, please provide details: _____

Assistance Requested From EDHSC (% of registration fee): 25% 50% 100% Other

If other, please describe here: _____

Volunteer hours will be required if financial aid is extended. Such volunteer hours may be completed through the performance of field setup/cleanup, field lining, event volunteer, etc. Please note the following volunteer requirements based on the percentage selected above:

25% - **2 hours** 50% - **3 hours** 100% - **4 hours**



Financial Assistance Application Packet

PO Box 4229
El Dorado Hills, CA 95762

FINANCIAL ASSISTANCE AGREEMENT

I, _____ (applicant), parent of _____ (player), certify that all of the submitted information is true and correct. I understand that any false statements on this application shall be considered sufficient cause for disqualification from funding assistance. I understand any financial assistance granted by El Dorado Hills Soccer Club (EDHSC) will for the _____ (year) soccer season. I understand that the information provided herein is strictly to assist EDHSC in evaluating the level of financial assistance granted to each player.

I understand that funds granted through this application process will be utilized to pay EDHSC registration fees and/or uniforms, and will not pay for any supplemental expenses associated with participating in club events, such as travel expenses, professional training expenses, etc. (unless otherwise approved by EDHSC).

I understand and agree to fulfill the financial assistance requirements to volunteer an agreed hours of service to the El Dorado Hills Soccer Club (as noted in the application), in repayment for fees for my player. I understand that the date, time, location, and type of service must be approved by an EDHSC Board member. I have received a verification of service form, and I will submit the completed form, signed by a member of the Board of Directors, to the Club Treasurer, by December 1, 2020. I understand that failure to submit the completed form may result in me being required to pay back the financial aid, and being denied financial aid in the future.

I authorize EDHSC Board members to review and discuss this application, including all personal information provided herein.

I understand that I will be contacted if I am accepted for assistance, and that assistance may be either a full or partial award.

Applicant Signature _____ Date _____
Applicant Name _____

The enclosed Financial Aid Application Packet for the ____ (year) EDHSC playing season, must be completed and returned no later than June 30, ____ (year). Please email to the following address: treasurer@edhsc.org.

OFFICE USE ONLY

Date Received: _____ Approved/Rejected: _____

Reason: _____

Financial Assistance Amt.: \$ _____ Applicant's Responsibility: \$ _____

Approved By: _____ Date Notified: _____



Financial Assistance Application Packet

PO Box 4229
El Dorado Hills, CA 95762

VERIFICATION OF SERVICE FORM

Player Information

Player Name _____ Player Birthdate: _____

Player Age Group, Gender (example U10B) _____

Parent/Guardian Information

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email _____

Description of service _____

I have completed _____ hours of volunteer service for the El Dorado Hills Soccer Club.

Parent signature _____

Name of board member _____

Signature of board member _____

This form should be completed, signed by the parent and board member, and submitted by December 1, 2020, to treasurer@edhsc.org.