



2018-19 Sporting Iowa



Financial Assistance Application

The parents or guardians of any Sporting Iowa player may apply for assistance to pay club fees in order for their child to participate in the sport of soccer. All applications will be treated with respect and in a CONFIDENTIAL manner. To be considered for financial assistance you must complete this form and show proof of household income. **Attach Federal 1040 Form and final paycheck stub or W2 to this application. Incomplete applications may be returned and may be given no consideration for the season.**

Applicant Information

Date of Application _____

Player Name _____

Age Group _____

Parent(s) Name(s) _____

Home Address, City, State, Zip _____

Email address _____ Email address _____

Home Phone _____ Cell _____ Work _____

Number of Dependent Children _____ Number of Children in College _____

Number of Children in club soccer and where _____

How can you support club activities? _____

What extracurricular activities is your child involved in? _____

Employment Information

Are you currently employed? Yes No

Employers Name _____

Address _____

Position held _____ Length of time with company _____

Is your spouse/significant other employed? Yes No

Employers Name _____

Address _____

Position held _____ Length of time with company _____

Do you received unemployment? Yes No

Do you own or rent your home _____

Number of persons living in household _____ Adults _____ Children _____

Financial Data

Applicant must provide acceptable means of proof of household income (attach federal 1040 form and final paycheck stub or W2 to this application)

Your monthly gross income \$ _____

Spouse income \$ _____

Child support \$ _____

Other income \$ _____ Source _____

Total monthly income \$ _____

If you receive State or Federal aid, please list all (food stamps, medical aid, free/reduced school lunch program, etc.)

Please describe any special circumstances you have and why you should be considered for financial assistance:

Upon acceptance of financial assistance, applicant makes a one year commitment to the team and agrees to assist with volunteer club functions as needed. If these commitments to Sporting Iowa are not fulfilled, I will be financially responsible for the annual fees. I fully understand that should my employment or financial position change that I will contact Sporting Iowa of such change.

Parent(s)/Guardian(s) Signature _____ Date _____

Parent(s)/Guardian(s) Signature _____ Date _____

Please mail all requested materials for financial assistance to:

**Sporting Iowa
Financial Assistance Committee-CONFIDENTIAL
P.O. Box 30040
Johnston, IA 50131**

Questions? Please e-mail the club admin at info@sportingiowasoccer.org

For Club Use Only:

Team Name _____ Age Group _____ Boys _____ Girls _____

Approved: _____ Denied: _____

Comments: _____

Amount Approved for Players Fees: _____ Date _____

Approved By: _____

INSTRUCTIONS

This program exists to ensure no one is prevented from playing soccer in the Sporting Iowa Academy for financial reasons. Please read and complete all information in this application to be sure you meet all the qualifications and supply all the necessary information.

Fill out the application as completely as possible.

Attach a brief written explanation of why you are requesting a scholarship and why you feel you may qualify. Without this information, your application cannot be accepted. If your child has been a prior member of the affiliate club(s) and/or Sporting Iowa, please indicate your involvement with the Club in the past and your ability and willingness to become an active volunteer in the future. Please give examples.

Awards will not exceed the budgeted amount determined by the Board of Directors each year. The amount of the award depends on need including but not limited to the following: family income, number of family members and number of players requesting financial aid.

Special circumstances, such as large medical expenses not covered by insurance, loss of income due to illness or unemployment, etc. area are also taken into consideration. Be sure that you include an explanation of this type of hardship in your request if you believe that you have extraordinary circumstances that should be considered.

You **MUST** provide copies of your latest Federal income tax return as proof of income and family size.

The Club Treasurer, Secretary and Registrar (scholarship committee) will be informed of the amount of scholarship aid a player receives. Otherwise, your privacy will be carefully protected.

The scholarship covers registration fees only. You are responsible for paying registration and any team expenses such as travel, coaches' expenses and tournament expenses as well as uniform expenses. These items are not covered by this scholarship.

Send your completed application to: Sporting Iowa, Attn: Financial Assistance Committee—CONFIDENTIAL, P.O. Box 30040, Johnston, IA 50131, or email info@sportingiowasoccer.org.

We try to offer assistance to everyone who has need, but budget limits may not allow us to give the aid requested in every circumstance. If you need more help meeting expenses, payment plans can be discussed.

Please attach the following as proof of financial need along with this completed application:

- Copy of the most recent Federal tax return for all adults in the household
- Final paycheck stub or W2
- Proof of eligibility for school lunch program or other assistance
- Financial aid application and award statement from private/parochial school
- Statement of extraordinary circumstances that make it difficult to pay the Club fees

If you have questions, please email info@sportingiowasoccer.org

