



FC CAROLINA ALLIANCE Financial Assistance Application

Thank you for your interest in FC Carolina Alliance. It is our mission to offer an opportunity for children to play soccer without regard for their ability to pay. In efforts to reach this goal we offer financial assistance to players where need is shown and to the best of our ability.

Submitting an application for financial assistance does not guarantee financial assistance will be awarded. A Scholarship Committee comprised of the Executive Director, a board member, and a FCCA member will review each application. All applications will be reviewed in strict confidence. Applicants will be notified in a timely manner of all decisions. All decisions are final.

Please note that Financial Assistance is based on true and verified need. Financial Assistance does not cover registration fee, team fees or uniform fees. Each player is required to pay for those items on their own. If a player is rewarded financial assistance the family will be required to commit volunteer hours to the club. The number of hours will be based on the amount of assistance received in a formula equal to 1 hour for every \$50 received.

Once the Scholarship Committee has reviewed all applications each applicant will be notified of approval or denied. Those applicants who have been approved will be required to sign a Financial Assistance Contract. This contract will clearly outline the dollar amount awarded and the remaining financial responsibility of the applicant.

The following is a checklist of the documents needed for consideration:

- Copies of last year's tax returns including W-2's for all employed family members
- Copies of recent pay stubs for all employed family members
- Copies for any documentation regarding financial responsibility for this player

Return this application and supporting documents to

FC Carolina Alliance
4351 Main Street Suite 213
Harrisburg, NC 28075

**All future payments should be mailed or dropped off to the above address:
SUBMISSION DEADLINE: MAY 01, 2014**

A parent or legal guardian must fill out the following information in full. Every item or questions does require a response . Attach necessary documents for verification. Incomplete applications or lack of verification documents will delay processing or may result in non-processing of your application.

Date of Application: _____

Player Name(s): _____

Address: _____
Street City State Zip

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Email Address: _____

Phone Number: _____

Are there additional siblings who play for FCCA? If so please list name and age.

Necessary Information:

Total Household Income _____

of People in your Household _____

Total Household Expenses _____

Do you own or rent your home _____

How much can you pay per month for each child to play soccer?

Please attach all necessary documentation. W-2's, recent pay stub, financial responsibility documents if applicable. If you can not provide these documents you must explain why you can not.

Please list any special circumstance contributing to your need for financial assistance on the back of this application.

Please continue to the next page

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Please initial each statement below:

_____ I certify that all documentation supplied and all statements made in connection with this application are true.

_____ I agree that should my family receive financial assistance I understand we will have an obligation to volunteer 1 hour for every \$50 of assistance received.

_____ I certify that I understand we are solely responsible for all team fees and uniform fees.

_____ I understand that I may not receive all of the player's club fees in financial assistance and that I am obligated to pay the difference. This amount will be divided into payments mutually agreeable between FCCA and myself and may be setup on automatic payment plan if possible. Otherwise I shall make the payment directly to the FCCA Office to the attention of Accounts Receivable. Should I not make payments or cancel any automatic payments my youth will be asked to sit out all events until payments are made.

Full Signature: _____

Printed Name: _____
