

## **Financial Assistance Guidelines**

Recreation and Competitive (Jr Academy, Select and Classic) Programs

It is the policy of TCYSA to provide soccer opportunities to all youth, regardless of the ability to pay, to the extent that Financial Assistance funds are available.

- Applications for financial assistance must be received by TCYSA by deadlines below.
  - Competitive Program Participants must apply by May 1<sup>st</sup>
    - Award notification will be announced by May 12<sup>th</sup>
  - o Fall Recreation Program Participants must apply by July 15<sup>th</sup>
    - Award notification will be announced by July 31<sup>st</sup>
  - Spring Recreation Program Participants must apply by January 15<sup>th</sup>
    - Award notification will be announced by January 31<sup>st</sup>
  - Applications submitted after these deadlines for the particular programs will be reviewed periodically and award will be based on the availability of Financial Assistance funds.
- Financial assistance is not guaranteed from year to year.
- An application for financial assistance does not guarantee that assistance will be granted.
- For Competitive Programs, all families are required to pay the registration fee and acceptance fee
  portions of the TCYSA club fees to be accepted on a team.
   Assistance. No Financial Assistance will be awarded until these payments are received.
- TCYSA provides financial assistance up to 80 percent of TCYSA fees based on demonstrated need.
   Families are expected to pay any remaining balance due according to TCYSA's regular club-payment schedule.
- Any players with an unpaid balance owed to the club from the previous year will not be placed on a team, nor will their Financial Assistance application be considered, unless and until any balance is paid in full.
- Financial assistance does not cover such personal items as uniforms or equipment.
- Parents must immediately contact TCYSA should their financial status change at any time during the season(s).

To ensure fairness for all applicants, the parent or legal guardian must provide TCYSA ALL the following:

- A fully completed Financial Assistance application (below)
- A copy of the most recent Federal Tax Form filed and Federal Extension Form filed (if applicable)
  PLAYER MUST BE A DEPENDANT ON INCOME TAX RETURN PROVIDED IN ORDER TO BE CONSIDERED FOR DUES ASSISTANCE.
- A copy of all W-2s or 1099 forms from all employed household family members
- A copy of the two most recent pay stubs for all employed family members
- A copy of any court orders regarding financial responsibility for this player, IF APPLICABLE

The application and supporting documents will be viewed only by the Financial Assistance Committee and will be held in confidence. Failure to submit proper documentation could result in immediate denial of your request. TCYSA reserves the right to discontinue financial assistance at any time if the information provided is found to be incorrect.

Families are expected to volunteer at least ONE (1) hour for every \$50 of Financial Assistance that is granted to their children. This requirement can easily be met during tournaments, tryouts and other special events that TCYSA hosts.

Mail required documents to: TCYSA Financial Assistance P.O. Box 362 Clemmons, NC 27012



## **Financial Assistance Application**

(Please Print Legibly)

APPLICANT INFORMATION	Marital Status (	Circle one)	Married	Single S	Separate	ed Divorced
Father Name	Mother Name _					
Address	Address					
City, St, Zip	City, St, Zip					
Email	Email					
Cell	Cell					
PLAYER INFORMATION (Must submit additional applications for	additional playe	rs)	Ch		e Box(e vel of Pi	s) of Anticipated lay
		DOB		Jr Academy		Classic
Player Name		/		Select	OR	
Player Name Player Name				Recreation		Fall Only
						Spring Only
FAMILY FINANCIAL INFORMATION						
Annual Family Gross Income from ALL sources is \$						
Father's Occupation	_ Employer					
Mother's Occupation	_ Employer					
CHECKLIST						
COPY OF MOST RECENT FEDERAL INCOME TAX RETURN MUST BE A DEPENDANT ON INCOME TAX RETURN PROVIDED						BLE). PLAYER
COPY OF ALL W-2S OR 1099 FORMS FROM ALL EMPLO	YED FAMILY ME	MBERS				
COPY OF THE 2 MOST RECENT PAY STUBS FROM ALL	EMPLOYED HOU	ISEHOLD FA	MILY MEI	MBERS		
COPY OF ALL COURT ORDERS REGARDING FINANCIAL	. RESPONSIBILIT	TY FOR THIS	PLAYER	, IF APPLICA	BLE	
QUESTIONNAIRE						
WHAT OTHER INFORMATION OR SPECIAL CIRCUMST. COMMITTEE?	ANCES SHOULD	BE CONSID	ERED BY	OUR FINANC	CIAL AS	SSISTANCE
2. IN WHAT WAYS COULD YOU SUPPORT THE CLUB, OT YOUR FAMILY?	HER THAN FINA	NCIALLY, IF	FINANCI	AL ASSISTAN	ICE IS	GRANTED TO
I certify that all information submitted is true to the best of my knowled to the guidelines set forth in this application if financial assistance is a		that this appl	ication do	es not guarant	ee assi	stance. I also agre
				, ,		
Signature				_//_ Date		_