

NC FUSION Financial Assistance Guidelines 2018-2019 USSDA, ECNL and Elite Programs

- <u>All</u> information below must be provided in order to be considered for Financial Assistance.
- All players must pay the Registration and Acceptance Fees before any assistance is awarded
- Financial Assistance does not cover uniforms, equipment, off season camps or additional training opportunities.
- There is a limited amount of funds available for financial assistance awards, the amount awarded will be determined based upon the number of qualifying applications received.

Due to limited funds, any applications received after the appropriate deadline are not guaranteed an award **Girls (Birth years 00, 01, 02, 03) - applications due 3/18/18**

Girls (Birth years 04, 05, 06) – applications due 5/1/18

Boys - applications due – applications due 5/1/18

Notification of award communicated before acceptance fee is due for each age group

- Families are required to pay any remaining balance according to the regular club payment schedule. Delays in payment may result in player ineligibility. Past due accounts may be turned over to a collection agency.
- The application and supporting documents will be held in confidence. Failure to submit proper documentation could result in denial of your request.
- NC Fusion reserves the right to discontinue financial assistance at any time if the information provided is found to be incorrect.

Applications may be mailed to the following address: NC Fusion Dues Assistance, PO Box 9185, Greensboro, NC 27429



APPLICANT INFORMATION	Marital Status (Circle one)	Married	Single	Separated	Divorced	Widowed	d
Father Name	Mother Name						
Address	Address						
City, St, Zip	City, St, Zip						
Email	Email						
PLAYER INFORMATION							
						<u>(</u>	Circle
Player 1		DC)B	//	G	ender N	ЛF

-					
Player 2	 DOB	//	Gender	М	F

REQUIRED FAMILY FINANCIAL INFORMATION

Annual Family Gross Income from ALL sources is \$	
Father's Occupation	Employer
Mother's Occupation	Employer

REQUIRED- MUST SUBMIT ALL ITEMS BELOW

_____COPY OF MOST RECENT 2017 FEDERAL INCOME TAX RETURN AND FEDERAL EXTENSION FORM FILED. PLAYER MUST BE A DEPENDANT ON INCOME TAX RETURN PROVIDED IN ORDER TO BE CONSIDERED FOR DUES ASSISTANCE.

COPY OF ALL 2017 W-2S OR 1099 FORMS FROM ALL EMPLOYED FAMILY MEMBERS

COPY OF THE 2 MOST RECENT PAY STUBS FROM ALL EMPLOYED HOUSEHOLD FAMILY MEMBERS

COPY OF ALL COURT ORDERS REGARDING FINANCIAL RESPONSIBILITY FOR THIS PLAYER, IF APPLICABLE

QUESTIONNAIRE

1. IS THERE ANY OTHER INFORMATION WE NEED TO BE AWARE OF?

I certify that all information submitted is true to the best of my knowledge. I understand that this application does not guarantee assistance. I also agree to the guidelines set forth in this application if financial assistance is awarded.

Signature	
-----------	--

Date

____/____/_____