

# 2017-18 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					
mail address		Email address			
Home Phone	Cell	Work			
umber of Dependent Children Number of Children in College					
Number of Children in club soccer and	where				
How can you support club activities?_					
Employment Information					
Are you currently employed?	YesNo				
Employers Name					
Address					
Position held	Length of time with company				
Is your spouse/significant other emplo	oyed?Yes	No			
Employers Name					
Address					
Position held		Length of time with company			
Do you received unemployment?	YesN	No			
Do you own or rent your home		_			
Number of persons living in household	ł	Adults Children			

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#### **Financial Data**

Applicant <u>must</u> provide accep W2 to this application)	table means of proof of household	income (attach feder	al 1040 form and fir	nal paycheck stub or
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, med	lical aid, free/reduced	d school lunch progr	am, etc.)
Please describe any special cire	cumstances you have and why you s	hould be considered	for financial assistar	ice:
teer club functions as needed	assistance, applicant makes a one d. If these commitments to Sportin d that should my employment or fi	g Iowa are not fulfille	d, I will be financial	ly responsible for the
-	ure		Date	
Parent(s)/Guardian(s) Signat		Date		
	Please mail all requested mater	rials for financial assis	tance to:	
	Sportin	g lowa		
	Financial Assistance Con		AL	
	P.O. Boy			
	Johnston, Questions? Please e-mail the club ad	min at info@sporting	0	
For Club Use Only:				
Team Name	Age Group	Boys	Girls	
Approved:	Denied:			
Comments:				-
Amount Approved for Players	s 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. <u>If your child has been a prior member of</u> <u>the affiliate club(s) and/or Sporting Iowa, please indicate your involvement with the Club in the past and</u> <u>your ability and willingness to become an active volunteer in the future. Please give examples.</u>
- 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 <u>registration</u> and any <u>team expenses</u> such as travel, coaches' expenses and tournament expenses as well as uniform expenses. These items are <u>not</u> <u>covered</u> 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

