



## **FEE ASSISTANCE PROGRAM**

### **PROGRAM DESCRIPTION**

Carolina United Soccer Association offers a fee assistance program for youth soccer participants who are in need of financial aid in order to play soccer in a CUSA program. Each request is considered on a per season basis.

It is important to understand that financial aid is directly dependent on the amount of funds available and the number of applications received. In an effort to fairly distribute what funds we have available, our application is in-depth and may require supporting documentation if requested. No applications will be considered without supplying all of the application information or requested documentation.

Any grant for financial assistance is under the assumption the player will actively participate in practices and games at a reasonable level. Large numbers of missed practices, late arrivals, or misconduct can result in the removal of the financial assistance grant for the current and/or future seasons.

### **CONFIDENTIALITY**

All information is for the sole purpose of helping the CUSA Board of Directors / Fee Assistance Committee make grants. Scholarship requests are strictly confidential and will only be shared with members of the soccer club as needed for administration of club activities only.

### **ASSISTANCE PROCESS**

Applicant's need to submit the application below to a your coach, team manager, or a CUSA Board Member. The application will then be reviewed by the Fee Assistance Committee, and a final decision will be made at the next available Board Meeting. You will be contacted after the board meeting with the decision of the Board of Directors.

# FEE ASSISTANCE APPLICATION

## REQUESTING ASSISTANCE FOR:

1. \_\_\_ Fall      \_\_\_ Spring
2. \_\_\_ TASL      \_\_\_ VSL \_\_\_ NCYSA Classic
3. \_\_\_ BOYS    \_\_\_ GIRLS      \_\_\_ COED
4. Age Division \_\_\_\_\_

PLAYER NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PERSON COMPLETING FORM \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

### GENERAL REASON FOR REQUESTING AID

---

---

---

CUSA COACH (IF KNOWN) \_\_\_\_\_

NUMBER OF PEOPLE IN HOUSEHOLD (INCLUDING ADULTS) \_\_\_\_\_

GROSS MONTHLY INCOME (ALL SOURCES) \_\_\_\_\_

PUBLIC ASSISTANCE (LIST TYPES AND AMOUNTS) \_\_\_\_\_

DOES THE APPLICANT QUALIFY FOR REDUCED OR FREE LUNCHES? \_\_\_\_\_

DOES THE APPLICANT PLAY IN OTHER SPORTS LEAGUES CURRENTLY OR IN THE LAST 12 MONTHS? IF SO, WHAT AMOUNT WAS PAID BY THE APPLICANT?

---

---

HAS THE PLAYER RECEIVED PRIOR FINANCIAL AID FROM CUSA? \_\_\_\_\_

REQUESTED AMOUNT OF FINANCIAL ASSISTANCE (\$ AND/OR %) \_\_\_\_\_

PLEASE INCLUDE ANY OTHER ITEMS YOU WOULD LIKE THE FINANCIAL AID COMMITTEE TO CONSIDER WHEN MAKING A SCHOLARSHIP DECISION.

---

---

I certify and affirm the above information is true and complete to the best of my knowledge. I agree to inform Carolina United Soccer Association of any changes in my ability to pay. I understand incomplete information could jeopardize eligibility for financial assistance. I understand CUSA, its officers, directors, coordinators, coaches, volunteers, and managers make no promises or assurance of financial aid. I understand the award amount is subject to funds available and the family's ability to pay.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_