



**One (1) Player per Form**

## United Soccer Athletes (USA) Soccer Club Request for Financial Aid

By completing this form, you are indicating your interest in being considered for financial aid as a member of the United Soccer Athletes (USA) Soccer Club. In order to better meet the financial needs of your player, we ask that you take a few minutes to complete both sides of this form. Please note that USA gives each financial aid request individual consideration. Responses to each request are based on player financial needs and USA's funding availability.

*Please be aware that completion of this form does not guarantee financial aid from USA Soccer.*

After receiving this completed form from you, the USA Board of Directors will review it and contact you with a financial aid plan. If our response meets your needs, we will discuss any remaining payment obligations at that point. Based on that determination and mutual agreement, formal documentation will be completed securing the aid. Full compliance with the fee structure detailed in that agreement is mandatory or your child's position within USA Soccer may be jeopardized.

Player Name: \_\_\_\_\_ Coach & Age Group: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different from above): \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: primary: \_\_\_\_\_ secondary: \_\_\_\_\_

Has your player received Financial Aid from USA Soccer before? (Circle One)      YES      NO

Please select one of the following reasons for you Financial Aid Request:

_____ Loss of Employment	_____ Insufficient Income
_____ Family Hardship (Death, Medical Bills, etc.)	_____ Other

Are you requesting Financial Aid for additional players? (Circle One)      YES      NO

If YES, please list them: \_\_\_\_\_

Additional information to assist USA in best understanding your financial situation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To help USA Soccer better understand the level of Financial Aid that you are requesting, please complete the following details on the fees that apply to your player:

**Season Commitment (select one)**

Fall & Spring (\$380.00 U7-10 / \$460.00 U11-up) \$ \_\_\_\_\_

Single Season (U15-up) (345.00) \$ \_\_\_\_\_

Single Season (U7-U14) (\$245.00) \$ \_\_\_\_\_

**USA Team Camp (\$50.00): (cannot be included in FA & must be paid in full prior to camp start date)** \$ \_\_\_\_\_

**TOTAL DUE:** \$ \_\_\_\_\_

**How much of the TOTAL DUE can you pay?** \$ \_\_\_\_\_

When considering the amount you can pay, please choose an option below:

**OPTION I:** I can pay all of our amount by (date):

**OPTION II:** Payment Plan Needed: We will use Credit or Debit Card authorization to pull the following payments:

PAYMENT #1 \$ \_\_\_\_\_ by August 15, 2020

PAYMENT #2 \$ \_\_\_\_\_ by September 5, 2020

PAYMENT #3 \$ \_\_\_\_\_ by September 26, 2020

PAYMENT #4 \$ \_\_\_\_\_ by October 17, 2020

**Credit Card Information (will be protected):**

**Name on Card:**

**Security # (On back of card):**

**Card Number:**

**Exp Date:**

**Signature Authorizing Payment Plan** via Credit or Debit Card: \_\_\_\_\_

In signing below, I affirm that the information provided above is an honest representation of my players financial limitations and needs at this time.

Requestor Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Requestor Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Club Recipient Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CLUB USE ONLY**