

Optimist Club of Winston-Salem
Soccer & Field Hockey
Financial Assistance Application

(PLEASE PRINT LEGIBLY)

Applicant Information:

Father Name: _____ Mother Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Player Information:

Player 1: _____ DOB: ___/___/___ Gender ^(Circle) M F

Player 2: _____ DOB: ___/___/___ Gender M F

Player 3: _____ DOB: ___/___/___ Gender M F

Player 4: _____ DOB: ___/___/___ Gender M F

Family Financial Information:

Total Annual Gross Income from all financial sources: \$ _____

Father's Occupation: _____ Employer Name: _____

Mother's Occupation: _____ Employer Name: _____

Checklist for Required Documentation:

- A completed Financial Assistance Application
- A copy of the most recent paycheck stub for all employed household members

Are there other special circumstances that the Finance Committee should be made aware of?

If Financial Assistance is awarded to your family, in what way(s) could you volunteer to support Optimist Soccer & Field Hockey? (Please check at least one):

- o Head Coach for my child's team (training is provided by Optimist Club)
- o Assistant Coach for my child's team (training is provided by Optimist Club)
- o Team Parent for my child's team (training is provided by Optimist Club)
- o Snack Coordinator for my child's team (information is provided by Optimist Club)
- o Assist in moving goals beginning / during /end of season
- o Assist in marking fields beginning/during season
- o Open Registration at Soccer Unlimited – 1 to 2 hours (Date/Time to be determined)
- o Open Registration at Dick's Sporting Goods – 1 to 2 hours (Date/Time to be determined)
- o Open Registration at PDQs – 1 to 2 hours (Date/Time to be determined)
- o Trash Pickup after Games on Saturday at one of the following fields:
 - o Shaffner
 - o Sherwood Forest
 - o Hine Park
 - o Jefferson Middle School

I/We certify that all information provided on this application is true to the best of our knowledge. I/We understand that submitting this application does not guarantee financial assistance. I/We understand that failure to comply with the guidelines may result in a discontinuation of financial assistance at any time. I/We also agree to adhere to the terms as outlined in the Financial Assistance Guidelines if financial assistance is provided.

Signature: _____ Date: _____

Signature: _____ Date: _____