



VSA FINANCIAL AID APPLICATION FORM

Player last name: _____ Player first name: _____

Birth date: ____/____/____ Gender: M F (circle one)

Player's street address: _____

City: _____ Zip Code: _____

Name(s) of parent(s) or guardian(s) at above address:

Player & parent/guardian home phone: (____) _____ other phone (____) _____

How many other children in this family, living in this household, are on VSA Soccer teams? ____

Are you applying for scholarships for any of these other children? Yes No (circle one)
(To apply for additional children in the family, list each child's name & birth date on an additional page.)

How many adults _____ children _____ are supported by your household income?

Check total gross income (before taxes, including child support) earned by all adults in your household last year:

Under \$25,000 _____ \$25,001-\$35,000 _____ \$35,001-\$45,000 _____

\$45,001-\$50,000 _____ over \$50,000 _____

Assistance the player's family receives (check all that apply):

_____ subsidized housing _____ free school lunch _____ food stamps
_____ reduced school lunch _____ medical assistance other _____

I'm applying for financial assistance in the amount of \$ _____

Explanation

"All statements in this application are true to the best of my knowledge.

Signature of applicant

Printed name



INSTRUCTIONS

This program exists to create opportunities for athletes to participate in Vision Soccer Academy that might not be possible due to 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.

1. The scholarship committee **MUST** receive your application by June 30th, 2020.
2. Fill out the application as completely as possible.
3. Attach a brief written explanation of why you are requesting financial aid and why you feel you may qualify. Without this information, your application cannot be accepted. Be sure to include any special circumstances, such as large medical expenses not covered by insurance, loss of income due to illness or unemployment, etc. The more detailed the information in your written explanation, the better.
4. Please provide copies of your latest Federal and State income tax returns as proof of income and family size.

Send your completed application and supporting documents:

1. Via Email to scholarship@visionsocceracademy.com
2. Via Mail to Vision Soccer Academy, PO Box 854, Waukee, IA 50263
 - a. We would be happy to provide a pre-paid envelope for this purpose. Send a request to the email address listed above and we can get that to you.

We try to offer some assistance to everyone who has need, but budget limitations may not allow us to give 100% of the aid everyone feels they need. If you need more help meeting expenses, payment plans can be discussed.

Individual awards will vary in range, but collectively will not exceed the budgeted amount determined by the Board of Directors each year. The amount of the award depends on a number of factors: need, family income, number of family members, and potential number of players per team requesting financial aid.

The club treasurer and the financial aid committee will be informed of the amount being requested. Otherwise, your privacy will be carefully protected.

You are responsible for paying any club, IPSL, or team expenses not covered by the financial aid.

Please attach the following as proof of financial need along with this completed application:

- Copy of the most recent Federal and State tax returns for ALL adults in the household
- Proof of eligibility for school lunch program or other federal, state, local assistance
- Statement of extraordinary circumstances that make it difficult to pay the club