



CLEARCREEK YOUTH SOCCER ASSOCIATION FINANCIAL ASSISTANCE PROGRAM

FINANCIAL ASSISTANCE GUIDELINES

Eligibility

To be eligible for financial assistance, all applicants and their parents must complete and sign the CYSA Financial Assistance Agreement which requires, among other things, that the recipient and their family agree to participate in organization events and volunteer for a specific number of hours for the organization. The number of required volunteer hours will be determined by Financial Assistance Committee. Should the parents or recipients not complete their part of this agreement, CYSA reserves the right to decline any future financial assistance.

Financial Assistance Application must be submitted for each season. However, there is no guarantee your application will be approved.

Each player receiving financial assistance must demonstrate dedication to CYSA through consistent attendance at team practices and games.

Financial Assistance Committee

The Financial Assistance Committee shall consist of three (3) members appointed by the Clearcreek Youth Soccer Association Board of Directors. The CYSA President shall appoint this Committee no later than the May general meeting. The Committee Member shall have a term of four months (May 1 to September 1). The Committee shall vote on approval or denial of each application. A Committee Member must remove themselves from the vote if they have a relative, family member, or player applying for financial assistance.

Financial Assistance Criteria

Financial Assistance will be awarded based on qualification criteria set by the Committee which is subject to change at any time without notification. Qualification criteria will generally track published Federal poverty guidelines based on gross monthly income and family size. It may include other criteria as determined by the Committee such as the Warren County guidelines for the free and reduced lunch program and the number of children in the family. Qualification will be based on a sliding scale set by the Committee using the qualification criteria. Awards will be determined by the applicant's level of qualification, the number of qualified applications, and the amount of funds available. Financial Assistance is based on financial need only and not on playing ability.

Notification of Approval or Denial for Financial Assistance

If the application for financial assistance is approved, the family will be contacted directly by the Committee and the CYSA Treasurer will be informed to make the appropriate accounting adjustments. If the application is denied, the family will be contacted directly by the Committee and the player/parent must pay the full amount due to be placed on a team roster.

Items not covered by Financial Assistance

- 1) Travel expenses (Hotel, gas, mileage, car rental, etc)
- 2) Equipment

Instructions for Submitting Application

- 1) Complete entire financial assistance form

All applications must be post marked by June 22nd.

Mail to:

Clearcreek Youth Soccer Association

ATTN: Financial Assistance Program

PO Box 341

Springboro, OH 45066



FINANCIAL ASSISTANCE APPLICATION AND AGREEMENT

This form is to be completed by a parent or guardian. All information must be completed in order for this application to be considered. All information is confidential and will be reviewed only by the Financial Assistance Committee members.

Fall 20____

1) Player's Name: _____ DOB: _____ Age: _____

2) Player's Age Division: _____ CYSA Program (Rec/Premier): _____

3) Number of Years that Player has been with CYSA: _____

4) Address: _____ City: _____ State: _____ Zip: _____

5) Phone Number: _____ Email Address: _____

6) Name of Parent (s): _____

7) Gross Monthly Income from all sources: _____

8) How many people live in the household and are dependent upon this income? _____

9) Does this player have any siblings playing with CYSA? Yes No

Name & DOB: _____

Name & DOB: _____

Name & DOB: _____

10) How much do you feel like you can afford to pay for your child to play soccer?

Registration Amount: \$ _____

- Amount you can pay: \$ _____

= Amount of Financial Assistance Requested: \$ _____

11) Is this a one-time request or will it be recurring? _____

12) Please state the reasons for your request for financial assistance. Be sure to include any special circumstances that may not be reflected in this application.

13) What volunteer duties are you willing to assume for the club? (check all that apply)

- Fundraising
- Tournament Weekend Volunteer
- Field Prep
- Assist at Registration
- Camps or Clinics
- Picture Day
- Awards/ Trophies
- Division Coordinator
- Other

- I understand that parent participation in volunteering for CYSA duties is mandatory.
- I understand that I will be responsible for all other expenses/fees not covered by financial aid and the balance due will be paid immediately.
- I affirm that I have read and understand the CYSA Financial Assistance Guidelines.
- I affirm that all the information given on this application is true and correct.
- The Financial Assistance Committee reserves the right to contact you for additional information or documentation if deemed necessary.

Player's parent or guardian signature (Father)

Date

Player's parent or guardian signature (Mother)

Date

DO NOT WRITE IN THIS SPACE – CYSA FINANCIAL ASSISTANCE COMMITTEE USE ONLY

Date Received: _____

Request Approved

Registration Amount \$ _____

- Assistance Granted \$ _____

= Required Payment \$ _____

Number of Volunteer Hours Required: _____

Request Denied

Reason: _____

CYSA Financial Aid Committee Member Date _____

CYSA Financial Aid Committee Member Date _____

CYSA Financial Aid Committee Member Date _____

Date Notification Sent to Family & Organization Treasurer: _____

Parent Signature Date _____

Parent Signature Date _____