



## 2019-2020 FINANCIAL ASSISTANCE APPLICATION

The Indiana Southwest Futbol Club is committed to providing athletic opportunities for our players regardless of a family's financial position. ISFC does not want finances to restrict an athlete from participating in any of the ISFC soccer programs and has established a financial assistance program to off-set a portion of player's club and team fees.

Financial assistance is not guaranteed and is limited based on the number of ISFC applicants.

### **FINANCIAL ASSISTANCE REQUIREMENTS:**

- Application completed in its entirety
- ISFC registration and uniform fees paid in full
- Minimum weekly/monthly payment obligations met (if applicable)
- Volunteer for and complete at least 15 hours of ISFC sponsored activities (parent and player)
  - Field maintenance
  - Concessions
  - Fundraising events and activities
- Participate in any/all ISFC club and team fundraisers
- Apply for any other available external scholarships or sponsorships

Please list: \_\_\_\_\_

### **PERSONAL INFORMATION:** (application information is strictly confidential)

Player Name \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Player Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Team: \_\_\_\_\_ (year, boys or girls)

**FAMILY FINANCIAL INFORMATION:**

**TOTAL FEES OWED THIS SEASON** (include club fees, uniform, team fees) \$ \_\_\_\_\_

**TOTAL AMOUNT ABLE TO BE PAID BY FAMILY** \$ \_\_\_\_\_

Do you need to make 18 weekly payments? YES NO

Do you need to make 5 monthly payments? YES NO

**TOTAL HOUSEHOLD INCOME** \$ \_\_\_\_\_/YEAR

**NUMBER OF WAGE EARNERS** \_\_\_\_\_

**NUMBER OF CHILDREN IN FAMILY PLAYING FOR ISFC** \_\_\_\_\_

**BRIEFLY DESCRIBE WHY FINANCIAL AID IS BEING REQUESTED FOR THIS PLAYER:**

**PLEASE LIST 3 REFERENCES (NON-FAMILY MEMBERS)**

<b>NAME</b>	<b>EMAIL ADDRESS</b>	<b>PHONE NUMBER</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

*Your signature below acknowledges that all of the information on this application is accurate as of the date indicated and that you have read and agree to all financial assistance requirements.*

**PARENT SIGNATURE** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**FINANCIAL ASSISTANCE APPLICATION IS DUE JANUARY 18, 2020 FOR THE 2020 SEASON.**

**Please print, make a copy for your records and mail to:**

**ISFC  
PO BOX 264  
JASPER, IN 47546**

**Please contact ISFC with questions: [soccerisfc@gmail.com](mailto:soccerisfc@gmail.com)**