

**PROCEDURES FOR FILING APPLICATION**

A parent or legal guardian must accurately complete all information on this application.

Submit the following required documents:

1. Fill in and sign the two page CSA Financial Aid Application (attached).
2. Copy of the most recent year's IRS tax return, for the entire household, including multiple returns of every person living at the same address. We require the tax returns for both parents or guardians of the player.
3. The personal reference form completed by an adult age 21 or older who is not a member of the family attesting to the applicant's eligibility for the financial aid (attached).
4. Financial Aid Recipient – Volunteer Requirements

Failure to provide all of the necessary documentation will delay any approval or deny the request for aid. There is a limited amount of money to provide financial aid and any delay in the review process may result in no aid dollars being available.

**Include all signatures and dates on the application and personal reference forms.**

Please email [kdenner@charlottesocceracademy.com](mailto:kdenner@charlottesocceracademy.com) with any questions.

## CSA APPLICATION FOR FINANCIAL ASSISTANCE 2019-2020 (CSA All Regions)

We recommend submitting applications by certified mail but you may also scan or fax the required documents. Please make copies of all documents before submitting. Do not bring forms to age group meetings or give to your coach to submit.

Application Forms and all required documents must be submitted for **each player separately**.

To send via mail: CSA Financial Assistance Kerri Denner 13501 Dorman Road, Pineville, NC 28134	To fax: CSA Financial Assistance Kerri Denner Fax #980-321-7128	To scan/email: CSA Financial Assistance Kerri Denner kdenner@charlottesocceracademy.com
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### QUALIFICATIONS AND CONDITIONS

1. **Financial aid will be granted, based on need, in an amount not to exceed approximately 50% the club fees. US Development Academy players can only receive a maximum of \$1,000. Please refer to the attached club fee payment schedule.**
2. Family members will be expected to assist CSA in various activities serving as volunteers. **Failure to complete volunteer hours will affect any future financial aid applications, and can result in financial aid being withdrawn.**
3. A family member will be required to sign a contract agreeing to payment requirements and volunteer responsibilities. Volunteer hours required will be advised when you receive notification of the award and are a minimum of 15 hours. The number of volunteer hours to complete depends upon the amount of the FA award. The higher the award, the more hours are required.
4. There must be a true, verifiable financial need.
5. There must be evidence of good character.
6. A personal interview may be required of the applicant or a family member.
7. The committee will render a decision as soon as possible upon receipt of all necessary information. The decision of the Financial Aid Committee is final.
8. Information contained in this application is considered confidential by CSA board, committee members, team coaches or manager and the parties making application for financial aid.
9. Financial assistance will not be applied to the commitment fee. Commitment fees must be paid in full prior to the application being considered. All financial assistance is applied as a reduction to the total fees due and is applied in installments on the installment due dates. Remaining fees must be paid in accordance with the posted CSA fee schedule.
10. Financial Aid does not cover any team fees, which are in addition to club fees and must be paid in full.

**CSA APPLICATION FOR FINANCIAL ASSISTANCE 2019-2020 (CSA All Regions)**

**Financial Aid Application**

Applicant's Name		
Address		
City		
State		
Zip Code		
Current Age		
Date of Birth (mm/dd/yyyy)		
School attending 2019-2020		
Grade in school for 2019-2020		
Home Phone		
Applicant Email		
How many years have you played for CSA?		
Have you applied to CSA for FA previously?		
2019-2020 CSA team, age group & FEE.		
<b>FAMILY'S FINANCIAL INFORMATION:</b>		
# of people living in applicant's home	Adults (age 18 or older)	Children (under age 18)
Total annual household income		
Name of Father. Does he live at the same address?		
Occupation		
Place of Employment		
Work Phone		
Cell Phone		
Father's Email		
Name of Mother. Does she live at the same address?		
Mother's Email		
Occupation		
Place of Employment		
Work Phone		
Cell Phone		

CSA APPLICATION FOR FINANCIAL ASSISTANCE 2019-2020 (CSA All Regions)

**State *specific amount* of assistance requested and provide a detailed explanation as to why the assistance is needed. Attach separate page if additional space is needed. Failure to explain or identify a true financial need requires the FA Committee to deny the request.**

*(This should be completed by a parent/guardian.)*

By signing below, the parent or guardian of the applicant confirms that all of the information on this form is correct, agrees to keep all information provided in this request confidential, attests to the applicant's fitness to play soccer, and commits to making sure the applicant attends all practice/training sessions, games and other activities required for the team in a punctual manner except when absences have been excused by the coach. Signature also indicates an understanding and acceptance of the conditions set forth in this application and acceptance of responsibility for remaining financial obligations to the club and the team.

Parent/Guardian Signature:

Date:

All information is held in strict confidence and will only be shared with the Financial Aid Committee and Board of Directors of Charlotte Soccer Academy.

**CSA APPLICATION FOR FINANCIAL ASSISTANCE 2019-2020 (CSA All Regions)**

**PERSONAL REFERENCE**

**INSTRUCTIONS**

This form should be completed in narrative form by an **adult (age 21 or older)** who is not a member of the applicant’s family but has personal knowledge of his/her characteristics.

Applicant’s Name	
Current Age	
Date of Birth (mm/dd/yy)	
Name of person completing Reference	
Home or Work Phone (best for contact)	
Email	
How long have you know applicant?	
Relationship	
Please detail why should this person be considered for financial assistance? Include information regarding financial difficulties or hardships.	
Please describe applicant’s overall character.	
Please provide any additional detail that will assist the financial aid committee make their decision..	

Reference’s Signature:	Date:
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## Financial Aid Recipient – Volunteer Requirements

CSA recognizes that every family's financial situation is unique and as an organization we wish to assist as many families as possible each year. By requiring in-service hours it allows CSA to extend financial assistance to more families.

Financial Aid parents must volunteer a minimum of 15 hours, per player awarded financial aid, for events that are organized and approved by CSA. The number of volunteer hours are related to, and vary according to, the amount of financial assistance the family receives. Approved CSA club events include:

- CSA Hosted Tournaments during playing year 2019-2020.
- CSA Golf Tournament- April 2020.
- U16-U18 Girls Tryouts February 2020.
- CSA Tryouts- May 2020.

Volunteering for any other event or duty not listed will have to be approved by the Executive Director, Brad Wylde, before hours are completed. Hours can only be completed by immediate family members 16 years of age and older.

As a financial aid recipient all hours must be completed before May tryouts for the following season. Failure to complete hours will result in denial for financial aid consideration for the next year. If there are any reasons why you are unable to complete your hours, they must be presented at the time you turn in your Financial Aid Application. These reasons will be reviewed and either approved or denied before financial aid can be received.

**Please contact the Volunteer Coordinator, Valerie Umling,** to schedule your hours. You can email her at [vumling@charlottesocceracademy.com](mailto:vumling@charlottesocceracademy.com)

By signing this form I, \_\_\_\_\_, agree to the terms stated above.

Applicant's Signature:	Date:
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