

**2013 -
2014**

Financial Aid Application Form



BEST FC Premier Soccer Club
2013 - 2014



BEST FC offers an excellent soccer experience to those with desire and commitment for the game. The Club recognizes that the financial burden can be greater than some families are able to handle. A limited amount of financial assistance is available to qualified soccer players based on financial need. The applicant must demonstrate financial need each year so that eligibility for potential aid may be fairly determined by the BEST FC Financial Aid Committee. In addition to the demonstrated financial need, the applicant must also be in good standing with the Club, School, and Community. The BEST FC Financial Aid committee will use the information provided in this form and, in addition, may also seek information from the applicant, the family, the coach, and the team manager to determine eligibility for financial aid. All financial aid recipients as well as his/her family are expected to participate in the Club's volunteer activities and also all Club sponsored fundraisers.

Financial Aid awards **DO NOT INCLUDE THE PURCHASE OR COST OF UNIFORMS**. The purchase of required uniforms is an additional expense incurred by every player and is not included in the player fees and is not paid by the Club. Uniform costs vary from year to year.

Financial Aid awards are reviewed throughout each season. BEST FC reserves the right to withdraw any awarded financial aid at any time if the recipient fails to adhere to policies and procedures of the Financial Aid Program and/or the BEST FC Premier Soccer Club.

Options that may be available to players who need financial assistance are:

1. Extended payment plans.
2. Need-based financial assistance.



Office Use Only

Date Received:	_____				
Application:	Complete	<input type="checkbox"/>	Incomplete	<input type="checkbox"/>	
Applicant:	Approved	<input type="checkbox"/>	Unapproved	<input type="checkbox"/>	
Terms:	Registration	_____	Camps & Clinics %	_____	Uniform % _____
	Fee %				

Players Information

Name of Player: _____ Team: _____

Program Applying for:

- | Selection
(Tick Selection) | Program |
|-------------------------------|----------------------------|
| <input type="checkbox"/> | Academy U8 – U10 |
| <input type="checkbox"/> | U9 – U14 Competitive Boys |
| <input type="checkbox"/> | U9 – U14 Competitive Girls |

Parent / Legal Guardian (Applicant) Contact Information

Name: _____ E Mail Address: _____

Relation (s): _____

Home Phone: _____

Work Phone: _____

Home Address: _____

City / State / ZIP: _____



Legal Family Members Living in Applicants Home, Including Applicant:

Name: _____ AGE: _____ Relation to Applicant _____
Name: _____ AGE: _____ Relation to Applicant _____
Name: _____ AGE: _____ Relation to Applicant _____
Name: _____ AGE: _____ Relation to Applicant _____
Name: _____ AGE: _____ Relation to Applicant _____
Name: _____ AGE: _____ Relation to Applicant _____

Employment

Are you employed: (if yes, where?) _____

Phone: _____ Name of Supervisor: _____

How many hours per week? _____ How many months per year: _____

Income

What is your household total annual gross income? (Including work-related income, retirement,

Worker's comp, unemployment, court ordered income)

\$ _____

Are you: **Married** **Divorced** **Widowed** **Separated** **Single**

If married is your spouse employed? Yes No (include this in house hold income above)

If divorced do you receive child support? Yes No (include in household income)

How much money can you contribute towards registration fees? \$ _____



Current Assistance Received (Tick If Any Apply)

<input type="checkbox"/>	Temporary Assistance for needy families (TANF)	<input type="checkbox"/>	Section 8 or public Housing
<input type="checkbox"/>	Supplemental Social Security Income (S.S.I or S.S.D.)	<input type="checkbox"/>	Food Stamps
<input type="checkbox"/>	Child Health Plan Plus (CHP+)	<input type="checkbox"/>	W.I.C. Recipient
<input type="checkbox"/>	Medical Recipient	<input type="checkbox"/>	Free Lunch Program

Agreement

Initial each line to indicate your agreement:

____ I understand that my Financial Assistance Application Fee, completed Financial Assistance Application, and signed Player Parent Agreement must be received before my request for financial assistance will be considered.

____ I agree that my child will play the entire 2013-2014 soccer calendar year (Fall & Spring seasons) with BEST FC if financial assistance is accepted.

____ I understand that applying for financial assistance DOES NOT automatically grant any aid. All applications must be reviewed and approved by the Financial Aid Committee prior to assistance being granted.

____ I understand that any Financial Aid award granted DOES NOT INCLUDE PLAYER'S UNIFORM PURCHASE. The purchase/cost of the player's required uniform is the responsibility of the player.

____ I understand that any Financial Aid award granted DOES NOT INCLUDE THE COSTS TO PARTICIPATE IN OR TRAVEL TO INVITATIONAL TOURNAMENTS OR OTHER TEAM RELATED FEES. These costs are the responsibility of the player.

____ Should I receive and accept assistance, I agree to pay the remaining portion of the player fees in monthly installments, by the due date and as designated in the Agreement to Pay Fees which will be provided to me once approved. Failure to pay fees on time as agreed may result in disciplinary action such as the player being required to sit out practices and/or games until such time past due payment installments have been received.



____ I understand that all players are responsible for attendance, conduct, and attitude. If a player is missing practices and/or games or displaying a lack of commitment to the team, financial aid and the privilege to participate with the team may be withdrawn at the discretion of the coach.

____ I understand that fundraising is a vital part of the success of the club and the ability of the team to provide assistance to players in need. I agree to participate in ALL Club and team fundraisers as requested by the coach and/or team manager.

Additional Instructions:

In the space below, please state the amount of assistance requested and why the assistance is needed at this time. Please use the reverse side of this page if additional space is needed.

An incomplete application will not be considered



I acknowledge and understand that coaches and staff CANNOT commit the club to any financial aid. ONLY an official signed "agreement to Pay Fees" along with the Financial Assistance Award attachment commits the club to ANY financial aid. Document must be signed by the player's Parent / Guardian, the players coach, AND an authorized Board Member.

I Understand and agree to all information stated in this application and I certify that the information provided by me both in the application and in the attachments to the Club for consideration of Financial Assistance is true and correct to the best of my knowledge. I understand that BEST FC may hold me responsible for the total cost of the fees should the information be incorrect or inaccurate. I acknowledge that I received a copy of the BEST FC Financial Assistance Policy.

Parent Signature: _____

Printed Name: _____ Date: _____