

Rockaway Township Soccer Association

P.O. Box 53, Hibernia, NJ 07842

GRANT APPLICATION REQUIREMENTS

Rockaway Township Soccer Association and the RTSA Booster Club may grant registration fees for any player(s) requiring financial assistance who could not participate without it. RTSA provides the opportunity for Rockaway Township residents to participate in the recreational and travel soccer programs because of the physical, mental and character building benefits this program can provide. Grants are available to cover the cost of registration and will include uniforms for qualified applicants only. Cleats and other necessary player equipment cannot be provided through our program unless donations are made available at the time of registration.

The amount of the grant that may be awarded to each player may be a partial or full amount at the discretion of the Grant committee. The committee will primarily include the RTSA President, RTSA Treasurer, Booster President and Booster Treasurer. Grants will be awarded for players that are affiliated with the Rockaway Soccer program only and will be applied for one season at a time, therefore, individuals must reapply preceding the deadline of the division and season the request applies to.

Requirements for Eligibility:

- Athlete must reside in Rockaway Township
- Commitment to attend a minimum of 90% of scheduled practices and games (*illness and injury not included*)
- Participation of an adult family member in the Booster Club for that respective season
- Application must be completed by a parent, guardian, or head of household with all requested information completed
- Families will be required to participate in one fund raiser offered by the program annually
- Grant requests must be submitted prior to the programs deadline for the appropriate league or division the registration will be for

Application Process and other information:

- Grants will be provided on a first come first serve basis pending the availability of funds
- Transportation to team sessions cannot be provided by RTSA
- Grant applications will be reviewed at a closed committee meeting within one month of the application
- Applications will not be considered without proper submission of required documents
- You may qualify if you are receiving food stamps, Medicaid, SSI, Foster Care, WIC, etc.. (*must provide appropriate documentation of approval within any government programs you have qualified for*)

Confidentiality: RTSA will use the information provided only to determine qualification for a partial or full grant for the purpose of a youth's participation in the soccer programs offered. Applications are guaranteed that personal finances will not be discussed other than for the purpose of determination for assistance. RTSA will hold all information provided confidential and will not be shared with Coaches or other adult parties involved with the RTSA programs.

RTSA does not discriminate based on gender, race, class, economic status, ethnic background, sexual orientation, physical ability or cultural and religious backgrounds.

RTSA GRANT APPLICATION

Amount of Grant Requested: _____ Division/ Program: _____

Player Name: _____ DOB: _____

Grade during upcoming season: _____ School Attending: _____

Parent/ Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone numbers – Home: _____ Cell: _____

Email Address (print clearly): _____

Total Household Income: [] Less than 20,000 [] Less than 30,000 [] Less than 40,000 [] 40 – 60,000

The information being submitted for the player listed above is true and accurate.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Upon completion of this form, please email to president@rtsa.org or mail: RTSA P.O. Box 53, Hibernia, NJ 07842

Please note that the PO Box is not checked on daily basis. You should email the President of the Association to confirm receipt of your application if mailed.

All required documentation must be included with the completed application upon submission.

Include any other information you feel necessary: _____

RTSA Committee Use Only:

Approved _____ Denied _____ Amount Awarded: _____ Volunteer for: _____