Urbandale Soccer Club

Financial Assistance Application

The parents or guardians of any Urbandale player may apply for assistance to pay club fees in order for their child to participate in the sport of soccer. All applications will be treated with respect and in a CONFIDENTIAL manner. To be considered for financial assistance you must complete this form and show proof of household income. Attach Federal 1040 Form and final pay-check stub or W2 to this application. Incomplete applications may be returned and may be given no consideration for the season. If you are applying for assistance for more than one child, please list the name and age group of each child.

Applicant Information

Date of Application _____

Urbandale Player(s) Name _____

_____

_____

Age Group (s) _____

Parent(s)/Guardian(s) Name(s) _____

Home Address, City, State, Zip _____

e-mail address _____ e-mail address _____

Home Phone _____ Cell_____ Work _____

How can you support club activities? Coach:_____Assistant Coach: _____

Tournaments:_____ Field Maintenance: _____ Fundraising: _____

Employment Information

Are you currently employed? _____Yes _____No

Employer's Name _____Position held _____

Address _____

Length of time with company _____

Is your spouse/significant other employed? _____Yes _____No

Employer's Name _____ Position held _____

Address _____

Length of time with company _____

Do you receive unemployment? _____Yes _____No

Do you own or rent your home? _____

Number of persons living in household _____

Financial Data

Applicant must provide acceptable means of proof of household income (attach Federal 1040 Form and final paycheck stub or W2 to this application)

Your monthly gross income $_____

Spouse/Significant Other income $_____

Child Support $_____

Other Income $ _____ Source _____

Total monthly income $_____

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If you receive State or Federal aid, please list all (food stamps, medical aid, free school lunch program, etc.)

_____

_____

Please describe any special circumstances you have and why you should be considered for financial assistance:

_____

_____

_____

_____

_____

Upon acceptance of financial assistance, applicant makes a commitment to the club and agrees to assist with volunteer club functions as needed. If these commitments to USC are not fulfilled, I will be financially responsible for the registration fees. I fully understand that should my employment or financial position change, I must notify USC of such a change.

_____Parent/Guardian Signature _____Date

_____Parent/Guardian Signature _____Date

Please mail all requested materials for financial assistance to:

USC
Club President—CONFIDENTIAL
P.O. Box 7553
Urbandale, IA 50323

Questions? Please e-mail the USC President at president@urbandalesoccer.org

Please note that the F.A. form must be completed for each season.