

CC UNITED SOCCER CLUB

FINANCIAL AID INFORMATION & INSTRUCTIONS

The Financial Aid program exists to help ensure that no one is prevented from playing in CC United Soccer programs for financial reasons. Please read this information carefully.

- **Your application MUST be sent prior to the start of the season.**
- Please complete one application form per player.
- Fill out the financial aid application as **completely** as possible so your financial aid is not delayed.
- CC United aims to offer financial aid to players who demonstrate need, within the financial limits established in the operating budget for the current year. To qualify for financial aid you must provide proof of eligibility.
- Records will be kept strictly confidential and the identity of recipients will be shared only on a “need to know” basis within CC United Soccer Club (e.g. Financial Aid Committee members, Treasurer and the Team Manager). Documents submitted as proof of need will be destroyed upon final adjudication of the award application.
- If approved, what would my financial aid cover?
For the Recreational League, you will be required to pay the first \$40. Financial aid would cover the remaining fee and uniform costs.

For the Fall Competitive League, you will be required to pay \$80, financial aid would cover the remaining registration costs. You are responsible for the uniform fee and tournament costs (including fees, transportation, hotels, meals) and any ancillary team funding required.

For the Summer Competitive League, you will be required to pay the registration fee at the time of registration plus \$100, financial aid would cover the remaining registration costs. You are responsible for the uniform fee and tournament costs (including fees, transportation, hotels, meals) and any ancillary team funding required.

- If you are granted financial aid assistance through CC United Soccer, recipients are asked to volunteer five hours for competitive assistance and one hour for each recreational player.
- Please note that CC United follows a "no pay, no play" policy. If your account remains unpaid, your player competitive player will be unable to participate in games and/or your recreational player will not be placed on a team.
- **Families who do not fulfill their financial aid agreement will not be eligible for aid in subsequent years.**

Send your COMPLETED financial aid form and proof of financial need to:

**CC United Soccer Club
Financial Aid
P.O. Box 1002
Chanhassen, MN 55317**

CC United Soccer Club Financial Aid Application



PLAYER INFORMATION

Today's Date: ___/___/___

Player Name: _____ Player Date of Birth: _____

School Attending: _____ Season: Fall/Summer

League: Competitive/Recreational

Age Level (For Competitive): U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19

Current Grade (For Recreational): Pre-K K 1st 2nd 3rd 4th 5th 6th 7th

If Pre-K, year entering Kindergarten (For Recreational): 2018 2019 2020

GUARDIAN INFORMATION

Guardian Name: _____ Email Address: _____

Address: _____ Home Phone: _____

Employed: Yes / No If Yes, Yearly Income: \$ _____ Mobile Phone: _____

Guardian Name: _____ Email Address: _____

Address: _____ Primary Phone: _____

Employed: Yes / No If Yes, Yearly Income: \$ _____ Mobile Phone: _____

FINANCIAL INFORMATION

Please circle all assistance you are currently receiving:

Free/Reduced Lunch County Assistance Medical Assistance Unemployment

Please describe the circumstances that make a request for assistance necessary (use back of form if needed):

I certify and affirm that the above information is true and complete to the best of my knowledge. I understand the award amount is subject to funds available and incomplete information could jeopardize eligibility for financial assistance. I will attach or forward documentation of proof of eligibility of assistance indicated above to complete my application.

Signature Required

Printed Name

Date

**Forward completed application along with proof of financial need to:
CC United Soccer Club, Financial Aid, P.O. Box 1002, Chanhassen, MN 55317**

For Office Use Only:

Date Rec'd: _____

Reg'd?: Y/N

Verify Email: _____

PON: Y/N

Fee \$: _____

Paid by: Check _____ CC _____ Cash _____

Check Aid: _____

Alt.: _____