

WCWAA Financial Assistance Request

All information provided for financial aid consideration will be deemed confidential by WCWAA soccer Board of Directors.

Current outstanding balances with WCWAA Soccer must be addressed before the application can be considered. Please contact Margie Lugibihl at Margie.lugibihl@wcwaasoccer.org

Please be aware that coaches and team managers ARE NOT informed of applicants request for aid.

Procedures for filing:

1. A parent or legal guardian must accurately complete all information on the application.
2. Questions regarding financial aid should be emailed to Financial Assistance at financial.assistance@wcwaasoccer.org.
3. Send the attached completed and signed application to the address noted within the instructions by June 16, 2018.
4. All applicants will be notified by the email provided on the application. If no email is available, we will attempt to contact applicants by phone by July 20, 2018.

Qualification & Conditions

1. Current outstanding balances with WCWAA Soccer must be addressed before the application can be considered.
2. Family members & players will be required to assist WCWAA in various soccer activities such as assistance at WCWAA sponsored recreation, challenge or classic soccer tournaments or field preparation for games as volunteers.
3. Responsible parties will be required to volunteer for WCWAA.
4. There must be true financial need.
5. While not required, the financial committee may request an interview with the application or the responsible family member.
6. The decision of the Financial Aid Committee is final.
7. Financial aid may be applied to remaining dues but does not include \$300 commitment fee or team fees (unless requested), spirit wear, additional requested training or additional tournaments and expenses that the team decides to attend.
8. Responsible parties must sign financial contract pertaining to any remaining fees.

WCWAA Financial Assistance Application

This document and all attached documents are confidential.

Instructions: Please fill in the information below. If you are requesting financial aid for multiple children, please complete the form for each child. The application must be completed in its entirety for consideration. **If you have not already submitted the \$300 commitment fee, it must be included with the application.**

Completed applications should be mailed to WCWAA Soccer, Attn Financial Aid Committee, PO Box 79252, Charlotte, NC 28271-7061. **All envelopes need two (2) first class stamps.** Applications without proper postage will not be accepted. Deliveries should be in a sealed envelope. For confidentiality reasons, faxes or emails are not accepted.

There are limited financial aid funds available, the Financial Aid Committee will review all completed applications and make awards based on need.

The information below must match the player registration information at www.wcwaasoccer.org.

Player's Name _____
Last Name First Name

Team _____

Address _____

City, State, Zip _____

Email address _____

Amount of Assistance Requested

- Registration Fee
 Other Amount Requested _____

We will volunteer for

- Queen City Classic (April)
 Registration

Player lives with _____ Father _____ Mother _____ Both _____ Other guardian _____

Father's Name _____

Mother's Name _____

Household Size (Number of People Living In Player's Home): _____

Number of family members playing for WCWAA: _____


Number of family members playing for other organizations: _____

Qualification Information

There are three steps regarding financial aid qualification, please read all three and answer appropriated.

Step 1:

My child(ren) receive reduced school lunches Yes No
My child(ren) receive free school lunches Yes No

If you qualify for free or reduced lunch program and can provide a copy of the award letter from the school or school district office, you are NOT required to complete step 2,  and go to step 3.

Step 2:

| | Actual 2017 | Estimated 2018 |
|----------------------------------|-------------|----------------|
| Total Family Annual Income | _____ | _____ |
| Unemployment | _____ | _____ |
| Alimony/Child Support | _____ | _____ |
| Other types of verifiable income | _____ | _____ |

Please provide proof of current three months of pay stubs with year to date figures or recent tax statement.

Step 3:

Please list any special circumstances contributing to your need for financial assistance:

I certify that all information supplied and statements made in connection with this request are true to the best of my knowledge.

Print name _____ Signature _____

Date _____