

Southern Soccer Academy Financial Aid Information

Affiliated with the Georgia Youth Soccer Association

SSA has developed a program that provides financial aid to qualifying youth athletes in order to play soccer so that no child is denied an opportunity to play due to financial hardships. This program maintains confidentiality while assisting players with registration fees and often even some coaching fees. It does not cover the cost of uniforms, travel expenses and tournament fees.

The committee will review all applications for assistance and make recommendations on awards. Request for financial aid will be based on a first come, first served basis. Funds available are limited each year. **Families receiving financial aid are required to volunteer additional hours for the Southern Soccer Academy.** Any family member of the player may work the required volunteer hours and the players account will be credited. In the event that the committee finds that the required volunteer hours have not been met, financial assistance may be reduced and the player may forfeit any future assistance eligibility.

Financial aid information is for the sole purpose of the SSA. Financial Aid Committee to determine eligibility and will not be shared with anyone other than the committee. Please submit the following documents to SSA to be considered for financial aid:

- 1) Completed financial aid application.
- 2) Copy of all last year's W-2 income tax forms and a copy of the first two pages of last year's 1040 income tax return.
- 3) Copies of last two employment pay stubs.
- 4) Completed Southern Soccer Academy volunteer form.

Please do not hesitate to contact us if you have any questions.

SSA Executive Board

.



Southern Soccer Academy

FINANCIAL ASSISTANCE APPLICATION

THIS IS NOT A SCHOLARSHIP BUT INSTEAD ALLOWS FAMILIES TO PAY FEES ON A PERSONALIZED SCHEDULE ALLOWING YOUTH ATHLETES AN OPPORTUNITY TO PLAY SOCCER

Parents Name:	<u> </u>
Address:	
Phone:	Email Address:
Occupation:	Employer:
Players Name:	Age:
Family Size: Adults: Children: _	Other:
Team:	COACH:
Amount of Financial Aid requested: \$	
How much can you afford a month: \$	
Describe general circumstances or events the	nat necessitate financial assistance:
Current Monthly Household Income:	\$
Residence: Lease Own	
Family Vehicles:	
•	Own
Year/Make/Model	Monthly Payment \$
Year/Make/Model Lease	Own Monthly Payment \$
Are you aware that if assistance is granted a	additional volunteer service is required? Yes No
Application Date:	
Application Date.	Applicant Signature
Please attach Tax form 1040 or equivalent.	
40 Whitlock Place, Suite 200 Marietta, GA 30064 678-594-5041 Fax 770 423-4954	Date Received:



Southern Soccer Academy

VOLUNTEER OPPORTUNITIES

PLAYER:	
PARENT(S):	
PREFERRED E-MAIL:	
PHONE:	CELL:
TEAM:	AGE GROUP:
SEASON:	YEAR:
	as many opportunities for volunteer contributions at the Team, e following volunteer opportunities and indicate where you may be
Club Related Activities: Circle the all the	hat apply
Field Maintenance / Field Marking / Land	Iscape Support
Concession Stand helper	
Tournament(s) assistance	
Fund Raiser	
Publicity	
Administrative support / Local Newspape	r updates
Other Skills you can offer:	