It is the policy of SSC to attempt to provide financial aid to those players who might not otherwise be able to participate with the Smyrna Soccer Club. Since SSC is a volunteer organization, aid recipients will be required to donate time to help provide additional staffing for games, tournaments, summer academies, and field maintenance day or contributing volunteer time for the club. These benefits can be withdrawn for refusal of any of the above or lack of participation in the club.

In order for us to better assess your needs please complete the following, failure to turn in all required documents may result in denial of your request. Many factors such as free or reduced lunches, student grades in school and temporary financial hardships will be taken into consideration.

**Please register for the season before applying for financial aid.**

Here is a check list of the required document that you will need to turn in to be considered for financial aid.

 **Completed and turn in Smyrna Soccer Club Financial Aid form (all 3 pages)**

 **Free or Reduced Lunch Letter of Verification from your school.**

 *Original “Letter of Verification Results” provided by the participants school*

*confirming the qualification and receipt of free or reduced lunch.*

 **Copy of most recent school report card (s) showing grades in all classes for the applicant**

 **Any other relevant information**

|  |
| --- |
| **Participant / Player information** |
| **Participant name:** |  |
| **Participants birth date:** |  |
| **Participants Gender:** |   |
| **Participants School:** |  |
| **Age group:** (u11, u12 etc.) |  |
| **Team Name:**  |  |
| **Parent / guardian 1 information** |
| **Parent / Guardian Name:** |  |
| **Parent / Guardian Address:** |  |
| **Parent / Guardian City:** |  |
| **Parent / Guardian State:** |  |
| **Parent / Guardian Zip code:** |  |
| **Parent / Guardian Telephone number:** |  |
| **Parent / Guardian Email address:** |  |
| **Parent / Guardian 2 information** |
| **Parent / Guardian Name:** |  |
| **Parent / Guardian Address:** |  |
| **Parent / Guardian City:** |  |
| **Parent / Guardian State:** |  |
| **Parent / Guardian Zip code:** |  |
| **Parent / Guardian Telephone number:** |  |
| **Parent / Guardian Email address:** |  |

Please describe your personal circumstances with the reasons for applying for financial aid in this area.

**Privacy Statement**

Participants do not have to provide the financial aid application, but if a participant does not, Smyrna Soccer Club cannot provide financial aid. The Smyrna Soccer Club will use the information provided for financial aid purposes only. The information will not be shared with any parties outside of the Smyrna Soccer Club committee or SSC board.

**Non discrimination statement**

The Smyrna Soccer Club does not discriminate on the basis of race, color, religion, national origin, sex, age or disability. Any financial aid offered is at the sole discretion of the Smyrna Soccer Club committee.

**Financial Aid Withdrawal and Eligibility Termination**

Financial Aid will be withdrawn by the Smyrna Soccer Club in the event any information provided in a financial aid application is found to be incorrect. If chosen for financial aid the participant will be required to participate in all Smyrna Soccer Club activities and events. Selected participants may also be required to participate in club events to assist where needed in field maintenance day, assist in tryouts and setup of equipment. By applying for financial aid applicants expressly consent and understand that participants will be removed from financial aid for failure to participate in the previously mentioned events or by providing false information in this application.

I have read, understand and consent to the terms and conditions of the Smyrna Soccer Club financial aid policies.

|  |  |
| --- | --- |
| **Parent / Guardian Name:** |  |
| **Parent / Guardian Signature:** |  |
| **Date:** |  |

This box is for office use only:

% approved

Disapproved