

OVERVIEW

The Impact Soccer Club – Jose "Neto" Corona Financial Aid Fund (Neto's Fund) is intended to provide opportunities for financially disadvantaged youth players to participate in soccer programs to honor the memory of Neto for his dedication to the sport and to our Club.

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Considered one of the best young Impact soccer players, Neto was well-respected by coaches and other players for his amazing soccer skills and his absolute passion on the field. He chose to spend his last years of his life playing soccer with his team rather than have debilitating cancer treatment with little hope of being cured. He was a much-beloved member of the team, our Club, and the Brentwood/Oakley soccer community. We continue Neto's legacy of dedication to the sport by supporting financially disadvantaged youth in pursuit to excel at and love the game as he did.

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CRITERIA

Qualifying Impact soccer players may apply for Neto's Fund. The following criteria and rules are applicable to players seeking to apply:

- Must be registered with Impact and participating in an Impact soccer program
- Must be a player in good standing with Impact
- Must submit an application and provide the most recent years signed copy of their Federal Income Tax filing and/or proof of earnings BY THE APPLICATION DEADLINE (see schedule below)

The financial aid amount is needs-based upon combined total income. Additional hardship and merits are considered.

- Recent loss of permanent employment of primary wage earner
- Player performance/potential (competitive only)
- Years with club

Approval for Neto's Fund does not guarantee full payment of a player's registration fees. Impact has established a limited fund to assist players. Financial aid amounts will be determined upon the number of applicants requesting financial aid and the available funds. Financial aid is applied towards registration fees only. Uniform costs, tournament fees, or other expenses are not eligible.

Parents/legal guardians must submit an application and provide the most recent years signed copy of their Federal Income Tax filing, or proof of earnings, **BY THE APPLICATION DEADLINE** (see schedule below) for consideration. All completed requests must be sent to:

Impact – Neto's Fund Committee 1145 Second Street, A-232 Brentwood, CA 94513

APPLICATION DEADLINES

- **March 1** U8-U14 Applications Due (competitive program)
- May 15 Recreational Program
- **May 15** U15-U19 Applications Due (competitive program)

Neto's Fund recipients or their parents/legal guardians are required to provide volunteer service for various Club activities. The number of hours required will be determined by the amount of aid granted and the Club's volunteer needs. Failure to provide volunteer hours could result in denial of financial aid in future years. Recipients of financial aid will be notified of volunteer opportunities, as they become available, so that they can fulfill the volunteer commitment made in exchange for accepting financial aid.

All financial aid requests will be held in the strictest of confidence by the Impact – Neto's Fund Committee and the Impact Board of Directors. All financial aid awards must meet with the approval of the Impact – Neto's Fund Committee and are subject to Impact board approval and availability of funds. The Impact – Neto's Fund Committee will consider all eligible applications and notification will be made to the applicant within the next board meeting cycle.



☐ Form Returned/Incomplete

Submit completed application to:

Impact – Neto's Fund Committee 1145 Second Street, A-232 Brentwood, CA 94513

Please complete all sections of this application. Please submit this completed application and provide the most recent years signed copy of your Federal Income Tax filing BY THE APPLICATION DEADLINE to the address above for consideration.

Federal Income Tax filing BY THE APPLICATION DEADLINE to the address above for consideration.				
1. Player Information				
First Name:	Last Name:		_	Years with Impact
Team/Age Group:	Program: 🔲 /	Academy 🗌 Recreation	on Competitive	
2. Parent/Guardian Information				
First Name:	Last Name:			Lives with Player
Address:				Zip Code:
Email:	Hom	e Phone:	Cell Pho	ne:
Employer Name:	Occi	pation:	Work Ph	none:
Employer Address:	City:			Zip Code:
3. Parent/Guardian Information				
First Name:	Last Name:			Lives with Player
Address:				Zip Code:
Email:	Hom	e Phone:	Cell Pho	ne:
Employer Name:		ipation:	Work Ph	none:
Employer Address:	City:		Zip Code	<u>:</u>
4. Household Information				
List all children in your family, and whether they are registered with Impact:				
Name: Age:	☐ Impact player	Name:		Age: 🔲 Impact player
Name: Age:	☐ Impact player	Name:	,	Age: 🔲 Impact player
How many years has your family been with Impact? years				
5. Financial Information				
All financial information provided must reflect the combined earnings and/or reported income of <u>all</u> parents/ guardians of the applicant.				
Most recent Federal Income Tax Filing:				
Federally reported Adjusted Gross Income: (From IRS Form 1040 line 35; 1040EZ line 4; Telefile line 1)				
A copy of the most recent filing must be provided as part of this application.				
Total Earnings in previous year: (You must report your total earnings regardless of whether you filed a tax return. This information may be on your W-2 or 1099 forms.)				
6. Volunteer Requirement - Fulfilling volunteer hours is a requirement for receiving financial aid				
Did you receive financial aid last year: Yes No Volunteer Requirement Completed: Yes No				
How would you like to volunteer your time? Refe	ree 🔲 Tournamer	ts Registration	Opening Day	Field Lining
Additional Information				
Financial aid amount requested: \$				
Please provide reasoning for this financial aid request and provide any additional considerations which would assist the Neto's Fund Committee.				
/we declare that all information provided herein is true, correct, and to the best of my/our knowledge. Impact reserves the right to discontinue				
any financial aid, at any time, if the information provided herein is deemed false. By signing below, you agree and accept the financial aid requirements of Impact:				
Parent/Guardian:			Date:	
Parent/Guardian:				
Date Rec'd:				

Denied

Reason: