



Space Coast United Soccer Club Financial Aid Application 2017-18

Financial aid is available toward player club registration fees. It is a need based award for families with an income less than 150% of the Federal Poverty Guidelines. The 2017 guidelines may be found at <https://aspe.hhs.gov/poverty-guidelines>. The application must be completed by the player's parent or guardian with all requested documents submitted to the Board of Director's Secretary, secretary@spacecoastsoccer.org. Incomplete applications or those submitted without accompanying documentation will not be considered.

PLAYER INFORMATION

Player Name: _____ Date of Birth: _____
Street Address: _____ City: _____
State: _____ Zip: _____
Boys Girls Age Group Team Name/Coach or Program: _____

PARENT/GUARDIAN INFORMATION (all individuals financial responsible for player, use additional page if necessary)

Parent/Guardian Name (1): _____
Address if different from Player: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Email: _____
Parent/Guardian Name (2): _____
Address if different from Player: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Email: _____

DOCUMENTS FOR PROOF OF INCOME REQUIRED

Copy of three previous year's household income tax return (or equivalent), 2016, 2015, 2014
OR
Request a transcript from IRS use for 4506 T <https://www.irs.gov/pub/irs-pdf/f4506t.pdf>
Section 5 put Space Coast United Soccer Club, P.O. Box 41301, Melbourne, FL 32941.

Reason for request and any additional information (attach additional information, if necessary):

I, _____, certify and affirm that the information provided is true to the best of my knowledge. I understand that falsifying any information could cause player to be dismissed immediately without refund, and players who are dismissed will not be released from financial obligations previously agreed to. I understand the SCUSC financial aid committee will review my application; however SCUSC, its officers, directors, coaches and volunteers make no promise or assurance of financial assistance. I understand all aid recipients will be required to fulfill 20 volunteer hours through the course of the seasonal year.

I certify I do not owe any fees to SCUSC for any prior season: _____ (Initial)
I certify I do not owe any monies or fees to any other soccer organization: _____ (Initial)

Print Name: _____ Signature: _____ Date: _____

NOTE: deadline for applications for Competitive and Academy programs is June 15, 2017.