



# Coast FA Financial Assistance Application PDC & Select Programs

It is the policy of Coast FA to provide soccer opportunities for all youth regardless of the ability to pay to the extent Financial Assistance Funds are available. A parent/applicant must complete this Financial Assistance Application in its entirety.

Financial Assistance covers club fees, not team fees. Recipients must stay current with team fees in order to retain scholarship status.

**Financial Assistance Applications with regard to U13 - U18 Select teams must be submitted prior to May 30, 2010. Financial Assistance Applications with regard to PDC participants must be submitted prior to June 30, 2010. NO APPLICATIONS WILL BE REVIEWED AFTER THE APPROPRIATE DATES ABOVE. (Be prepared to meet with a club official if questions arise).**

Remit completed Financial Assistant Form to Heyward Gulledge, 551 Mount Gilead Rd, Murrells Inlet SC 29576. The completed player's Registration & Liability/Medical Release form with raised seal or stamp of notary must accompany the completed Financial Assistant Form, if not already submitted to the club.

**If this application is incomplete, your child/player may not be considered for Financial Assistance this season.**

## Child/Player/Participant Information

Child/Player's Name \_\_\_\_\_ Age Group \_\_\_\_\_

Parent/Applicant's Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Email Address (please print legibly) \_\_\_\_\_

## 1040 Federal Tax Form Information

What was your reported gross income? \$ \_\_\_\_\_

What is your adjusted gross income? \$ \_\_\_\_\_

For what reporting year? \_\_\_\_\_

Is the participant list above a listed as a dependent? \_\_\_\_\_

## Employment Information

Are you currently employed?  Yes  No

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_

Length of Time with Company \_\_\_\_\_

Is your spouse/significant other employed?  Yes  No

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_

Length of Time with Company \_\_\_\_\_

**Other Information**

Please explain why the parent/applicant should be considered for Financial Assistance and explain any special circumstances to be considered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**In return for financial assistance, you must volunteer your time and services for the club.** You may check more than one.

Field Maintenance  Secure items for Online Auction  Field Marshal  Tournament Volunteer  
 Concessions/Merchandise  Team Manager

Other (describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Upon acceptance of Financial Assistance, the parent/applicant agrees to assist Coast FA with fundraising or other club functions if asked to do so. The parent/applicant fully understands that should their employment or financial situation change, Coast FA will be notified of such change.

Parent/Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_