

SONOMA COUNTY ALLIANCE

Player Financial Assistance 2008 – 2009 Season

- A limited amount of player assistance grants is available for families that submit completed applications and qualify based on financial need.
- The Player Assistance Committee and the Sonoma County Alliance Executive Officers will make all decisions about awards of financial assistance (up to a maximum of \$500 per player).
- Financial assistance will be applied towards monthly fees and/or the acquisition of uniforms.
- Additionally, Sonoma County Alliance will match receipts of up to \$400 raised by submitting or participating in personal or club player assistance designated fundraisers.
- The Scholarship Committee will keep information submitted and any financial assistance granted in strict confidence.

Notes:

1. *Player assistance is not available for U8, U9 or U10 players*
2. *Player assistance is not available for payment of initial fees (due at player registration).*
3. *If financial assistance is awarded, volunteer deposit will be returned immediately.*

Instructions to Apply for Player Assistance

1. Complete application form with all requested information and sign form.
2. Parents must commit to work 8 volunteer hours on club activities over the season. Failure to volunteer can result in forfeiture of any assistance funds in the future; holding of player pass.
3. Attach documentation of income (either authorization for reduced-price/free school lunch program or first page of last-year's tax return).
4. Put application and documentation in sealed envelope, mark for "Player Assistance Committee", and give to the Player Assistance representative at registration.
5. Ask your Team Coach and/or Team Manager to submit a brief statement of support to the Player Assistance Committee.

All submitted information will be kept confidential, Player Assistance Committee will make decisions, and all applicants will be notified of the results by May 15 2008.

Also see website: <http://www.scasoccer.com/>
For printable application forms and instructions

2008-2009 Season

Confidential – Application for Player Assistance -- Confidential

Note: This application requests assistance with monthly training fees and/or uniform costs.

Player Information

Player Name: _____ Age/Gender: _____

Team Name: _____ Team Coach: _____

School & Grade: _____

Prior teams in SCA (yrs/team names/coaches): _____

Parent/Guardian Information

Resident Parent or Guardian Name(s): _____

Street address: _____

Telephone: _____ Mobile: _____

E-mail: _____

Children in Family

Name	Age	Soccer Team	Other Sports	School & Grade
# 1				
# 2				
# 3				
# 4				

Evidence of financial need

Does family have single or multiple incomes? (Please identify generally what kinds)

Do children receive free or reduced-price lunches at school?

How much of monthly fees can be afforded?

How much financial aid in total is requested? (up to \$500 and/or uniform)

Please state reasons (in less than 100 words) for requesting financial aid (attach additional sheet if needed):

Please attach a copy of either authorization for reduced/free lunch program or front page of 2007 tax return.

Certification by Parent or Guardian with whom player resides

I/We agree to comply with all terms of the Sonoma County Alliance financial aid policy.

I/We agree to work at least 8 hours volunteer.

I am/We are hereby applying for financial aid from Sonoma County Alliance to benefit the player named above.

I/We certify that all information submitted in and with this application is truthful and accurate.

Signed: _____ Date signed: _____

Printed Name: _____