



# FC BOULDER

## Confidential Financial Assistance Application 2016-2017

**ELIGIBILITY AND APPLICATION DEADLINE:** A family's gross annual income must be under \$55,000.00 to be eligible for the program. Existing accounts must be in good standing in order to be considered (payment plan in place and/or not past-due). If you are new to FC Boulder and joining after May 30, 2016, please contact [sue.wristen@fcboulder.com](mailto:sue.wristen@fcboulder.com) to verify if funds remain available for application.

Program	Deadline Date	Notification Date
US Soccer Development Academy	May 20, 2016	May 25, 2016
Juniors	June 10, 2016	June 17, 2016
2006-1998/1999 Competitive Girls	June 10, 2016	June 17, 2016
2006-2002 Competitive Boys	June 10, 2016	June 17, 2016
2002-1998/1999 Competitive Boys	September 15, 2016	September 30, 2016
New Spring 2017 Registrations	September 15, 2016	September 30, 2016

### PLAYER INFORMATION:

NAME OF PLAYER(S): \_\_\_\_\_ DATE(S) OF BIRTH: \_\_\_\_\_  
PROGRAM APPLYING FOR: Birth Year: \_\_\_\_\_ Program: \_\_\_\_\_ Gender: M F (please circle)  
Birth Year: \_\_\_\_\_ Program: \_\_\_\_\_ Gender: M F (please circle)

### PARENT/LEGAL-GUARDIAN CONTACT INFORMATION:

NAME(S): \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ LEGAL GUARDIAN  
CELL PHONE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

### LEGAL FAMILY MEMBERS LIVING IN PLAYERS'S HOME, INCLUDING PLAYER:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ Relation to Player: \_\_\_\_\_  
NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ Relation to Player: \_\_\_\_\_  
NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ Relation to Player: \_\_\_\_\_  
NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ Relation to Player: \_\_\_\_\_  
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### EMPLOYMENT:

ARE YOU EMPLOYED: (If YES, where?) \_\_\_\_\_  
PHONE: \_\_\_\_\_ NAME OF SUPERVISOR: \_\_\_\_\_  
HOW MANY HOURS PER WEEK? \_\_\_\_\_ HOW MANY MONTHS PER YEAR? \_\_\_\_\_

**INCOME:**

WHAT IS YOUR HOUSEHOLD’S TOTAL ANNUAL GROSS INCOME? PLEASE INCLUDE WORK-RELATED INCOME, RETIREMENT, WORKERS COMP, UNEMPLOYMENT, COURT-ORDERED INCOME (including child support, alimony).

Below \$20,000  \$20k-\$30,000  \$31k-\$40,000  \$41k-\$50,000  Above \$50,000

ARE YOU: MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_ SEPARATED \_\_\_\_\_ SINGLE \_\_\_\_\_

IF MARRIED, IS YOUR SPOUSE EMPLOYED? \_\_\_\_\_ YES \_\_\_\_\_ NO (INCLUDE THIS IN HOUSEHOLD INCOME, ABOVE)

IF DIVORCED, DO YOU RECEIVE CHILD SUPPORT? \_\_\_\_\_ YES \_\_\_\_\_ NO (INCLUDE THIS IN HOUSEHOLD INCOME)

**CURRENT ASSISTANCE RECEIVED:**

\_\_\_\_\_ Temporary Assistance for Needy Families (TANF) \_\_\_\_\_ Section 8 or Public Housing  
\_\_\_\_\_ Supplemental Social Security Income (S.S.I. or S.S.D.) \_\_\_\_\_ Food Stamps  
\_\_\_\_\_ Child Health Plan Plus (CHP+) \_\_\_\_\_ W.I.C. Recipient  
\_\_\_\_\_ Medicaid Recipient \_\_\_\_\_ Free Lunch Program

**THIS FORM MUST BE SUBMITTED WITH THE FOLLOWING:**

- 1) The financial assistance application must be filled out **completely** and **accurately**. It is your responsibility to keep FCB aware of any changes in your contact information. Not doing so may jeopardize eligibility for financial assistance.
- 2) An application fee of \$150 **MUST** be submitted with the completed application for **each** child in the family that intends to play soccer in the club. This fee will be applied toward each player’s registration fee balance. If a player does not register and play for FC Boulder, the application fee will be refunded.
- 3) The applicant **MUST** provide documentation to verify income and family size. The following statements of income are acceptable in this order:
  - a) Copy of most recent tax return – 2015 IRS 1040 tax return form (if you file taxes, this must be provided). If parents are legally separated or divorced, the tax return showing the child as a dependent is required.
  - b) Copies of two months’ current pay stubs or earnings report which include year to date income and hours worked.
  - c) Proof of public assistance, if presently receiving.
  - d) Other documentation that is verifiable and deemed adequate in the sole discretion of Financial Assistance Program Committee.
- 4) Player/parent are required to submit a one-page narrative addressing the following: the family’s statement of need, the player’s personal goals as related (but not limited to) soccer involvement, a brief listing and explanation of the player’s involvement in school and/or community organizations/activities and a summary of any other related activities and interests.

All information given on this application is confidential and will be used only for determining financial assistance. Any incorrect or omitted information will disqualify the applicant family for future financial assistance consideration.

**I HEREBY STATE THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FC BOULDER MAY HOLD ME RESPONSIBLE FOR THE TOTAL COST OF THE FEES SHOULD THE INFORMATION BE INCORRECT OR INACCURATE. I ACKNOWLEDGE THAT I RECEIVED A COPY OF THE FC BOULDER FINANCIAL ASSISTANCE POLICY.**

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**

**MAIL THIS APPLICATION, APPLICATION FEE, AND ALL SUPPORTING DOCUMENTS TO:** Financial Assistance Committee  
FC Boulder  
2450 Central Avenue, Unit D-1  
Boulder, CO 80301

**OFFICE USE ONLY:**  
DATE RECEIVED: \_\_\_\_\_ INCOME: \_\_\_\_\_ FS: \_\_\_\_\_ FEES: \_\_\_\_\_  
APPLICATION \_\_\_\_\_ COMPLETE \_\_\_\_\_ INCOMPLETE DATE NOTIFIED: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_  
APPLICANT \_\_\_\_\_ APPROVED \_\_\_\_\_ UNAPPROVED DATE NOTIFIED: \_\_\_\_\_ METHOD: Email USPS  
TERMS: \_\_\_\_\_ % REGISTRATION FEE \_\_\_\_\_ % CAMPS/CLINICS \_\_\_\_\_ % UNIFORM  
NOTES: \_\_\_\_\_