



FC BOULDER

Confidential Financial Assistance Application 2018-2019

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). **Financial Assistance Applications are accepted on a rolling basis.**

Program	Deadline Date	Notification Date
US Soccer Development Academy	Ongoing	Ongoing
2010-2009 Juniors	Ongoing	Ongoing
2008-2000 Competitive Girls	Ongoing	Ongoing
2008-2004 Competitive Boys	Ongoing	Ongoing
2004-2000 Competitive Boys	Ongoing	Ongoing
New Spring 2019 Registrations	Ongoing	Ongoing

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: _____
NAME: _____ AGE: _____ Relation to Player: _____
NAME: _____ AGE: _____ Relation to Player: _____

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 – 2017 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: _____	