



# FC BOULDER

## Confidential Financial Assistance Application 2020-2021

**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.**

### PLAYER INFORMATION:

NAME OF PLAYER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PROGRAM APPLYING FOR: \_\_\_\_\_ 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: \_\_\_\_\_

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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)

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 – 2019 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 Ave., Unit D-1  
Boulder, CO 80301

<b>OFFICE USE ONLY:</b>			
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: _____			