



## Vestavia Hills Soccer Club Financial Assistance Request Procedure



The determination of need for financial assistance will be based on the following criteria and procedure. The requests will be reviewed by a Financial Assistance Review Committee which will be appointed by the VHSC executive committee. Applications must be received prior to the deadline set forth below.

### **Responsibility of requesting family:**

- ◆ Submit complete application
- ◆ Provide necessary forms (W2, 1099, paycheck stub, other proof of income)
- ◆ Agree to the terms of the assistance offered (player is responsible for all fees not covered by the financial aid granted; player and/or family member must serve the Club in various volunteer opportunities)
- ◆ **Agree that if assistance is provided, it must be applied for on an annual basis. Acceptance to the program is not automatically granted from year to year.**

### **Responsibility of the Financial Assistance Review Committee:**

- ◆ Initial review application to ensure it is complete
  - If yes, continue determination
  - If not, send "Need more information" letter
- ◆ Detailed review of applications
- ◆ Sort applications by income level
- ◆ Apply formula to determine amount of aid granted for current season
- ◆ Award financial assistance to the best of their ability to determine need
- ◆ Notify applicants of decision before team "signing day"
  - Send "Approval" letter
  - Send "Denial" letter
- ◆ Notify Team Manager/Treasurer of financial aid awarded
- ◆ At end of season, all players who received financial assistance will be reviewed by the Scholarship Committee to ensure that the player/family abided by the terms of the assistance. Any player found not in compliance will not be considered for financial assistance for the next season.
  - Financial assistance may be terminated if the player/family advises the committee of a change in financial situation or if the player is deemed in conflict with the Club/team requirements for player commitment or behavior.



**Vestavia Hills Soccer Club  
Financial Assistance Application  
Fall 2010**



It is the policy of VHSC to provide soccer opportunities for all youth regardless of ability to pay to the extent that funds are available. You must complete this form and show proof of household income to be considered for financial assistance. Attach 2008 Federal 1040 Form, and final paycheck stub or W2. **Any application, which does not include these forms, will not be considered for financial aid.**

**This information will be strictly confidential and used only for official purposes. It will be reviewed by the Financial Assistance Committee of the VHSC and other officers of VHSC.**

*Application deadline: **June 8, 2010.** Late applications will be considered only if funds are available*

**Financial assistance will provide funds toward TRAINING FEES ONLY. Players will be responsible for the Club Registration fee, any uniform fees, and team and travel expenses. Financial aid recipients will be required to volunteer at some Club functions. Opportunities to earn additional money may be available. Contact your team Manager/Treasurer for details.**

Return application in sealed envelope, marked PERSONAL AND CONFIDENTIAL to:  
VHSC  
Attn: Financial Assistance Committee  
1973 Merryvale Road  
Birmingham, AL 35216

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**— Applicant Information —**

Date of Application \_\_\_\_\_  
 Player's Name \_\_\_\_\_  
 Tryout Age Group \_\_\_\_\_  
 Parent(s) Name(s) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City/Zip \_\_\_\_\_  
 Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 # of Dependent Children \_\_\_\_\_

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**— 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 \_\_\_\_\_

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**— Financial Data —**

\*\* Applicant must provide acceptable means of proof of household income\*\*

Your monthly gross income     \$ \_\_\_\_\_  
Spouse's income                     \$ \_\_\_\_\_  
Child support                         \$ \_\_\_\_\_  
Other                                     \$ \_\_\_\_\_ Source \_\_\_\_\_  
Total                                     \$ \_\_\_\_\_

If you are currently receiving State or Federal aid, list all (i.e. food stamps, medical aid, free school lunch program, etc.)

\_\_\_\_\_  
Please describe any special circumstances and why you should be considered for financial assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Upon acceptance of financial assistance, applicant agrees to assist VHSC with fundraising or other club functions as needed. I fully understand that should my employment or financial position change that I will contact VHSC of such change.**

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
***To be considered for financial assistance all applications must be complete  
BE SURE TO ATTACH SUPPORTING DOCUMENTS, FEDERAL FORM 1040 & W-2 OR FINAL PAYCHECK STUB(S).***

***Deadline June 8, 2010***

***For office use only***

Team Name \_\_\_\_\_ Date: \_\_\_\_\_

Team Manager/Treasurer's Name \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Amount granted for training fees: \_\_\_\_\_

