



2018-2019 Vestavia Financial Assistance Program

MISSION: To promote player development over team development in a child centered environment.

What: 2018-2019 Financial Assistance Program

Financial Assistance Request Procedures

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.

- U9-U19 (Existing Recipients) - **May 11, 2018**
- U13-U19 (New Applicants) - **May 14, 2018**
- U9-U12 (New Applicants) - **May 21, 2018**

Responsibility of Requesting Family

1. Submit complete application
2. Provide necessary forms
 - a. W2 for each parent/guardian
 - b. 1099 for each parent/guardian
 - c. Paycheck stub for each parent/guardian
 - d. Tax Return (from most recent year) for each parent/guardian
3. 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)
4. 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 FA Committee

Responsibilities to be carried out by the Vestavia Hills Soccer Club Financial Assistance Committee include:

- Initial review application to ensure it is complete
- If yes, continue determination; If not, send "Need more information" letter
- Detailed review of applications and 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" or "Denial" letter
- Notify Team Administrator or 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 or 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. It is the policy of Vestavia Hills Soccer Club 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 **2017** Federal 1040 Form, and final paycheck stub or W2

Any application, which does not include these forms, will not be considered for financial aid.



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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.

What does Financial Assistance cover?

Financial assistance will provide funds toward **CLUB FEES ONLY**.

- Players will be responsible for the **Club Registration Fee**, Uniform Costs, and Team Fees and Travel Expenses.
- **Players/families are responsible for any remaining CLUB FEES not covered by financial aid.**
- **Team Fees:** Cover Team Expenses such as Tournament Entry Fees, Coach Per Diems & Travel, etc.
- **Club Fees:** Cover Field Maintenance, Lights, Coach Salaries, Administration, and General Club Costs.

Financial assistance recipients will be required to volunteer at Club functions.

Opportunities to earn additional money may be available. Contact your Team Administrator or Treasure for details.

The Financial Assistance Application

Contact Information	
Date of Application	
Player's Name	
Player's Gender	
Tryout Birth Year	
Current Team Name (if applicable)	
New Team Name (if known)	
Team Administrator @ VHSC	
Parent Name(s)	
Mailing Street Address	
City, State & Zip Code	
Telephone (Home)	
Telephone (Work)	
Telephone (Cell)	
Email(s)	
# of Dependent Children	



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Financial Information	
Are you currently employed? If "No", please list previous employer.	
Gross Monthly Income	
Spouse's Income	
Child Support Amount	
Other Income Source	
Total Income	

Employment Information & Income	
Current Employer (if unemployed, please list previous employer + last year worked)	
Employer's Address	
Position	
Time with Employer	
Other Income Source	

Spouse Employment Information & Income	
Spouse Current Employer (if unemployed, please list previous employer + last year worked)	
Employer's Address	
Position	
Time with Employer	
Other Income Source	



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Miscellaneous	
Are you currently receiving State or Federal Aid?	Please list all: food stamps, medical aid, school lunch program, etc.
Please describe any special circumstances & why you should be considered for FA.	Please attach letter if desired)

Agreement and Signature

Upon acceptance of financial assistance, applicant agrees to assist VHSC with fundraising or other club functions at a minimum of 2 events. I fully understand that should my employment or financial position change that I will contact VHSC of such change. Also, upon acceptance of financial assistance, applicant agrees to pay all other team fees and obligations to the club.

Please note: If you are a recipient of financial aid or are in need of a different payment plan other than what is listed then you will be required to have a CC number on file in GotSoccer in case there is a delinquent payment it will be charged on the date agreed upon. For more information and to get instructions on how to enter your CC information please email Amy Disko at amydisko@vestaviasoccer.com

Parent Signature:	Date: ____ / ____ / ____
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Financial Assistance Application Return by Mail

Players/families are to turn in a hard copy of their Financial Assistance application (please make sure to make a copy for yourself) in a sealed envelope marked **PERSONAL AND CONFIDENTIAL** to:

Vestavia Hills Soccer Club
Attn: Financial Assistance
1973 Merryvale Road
Birmingham, AL 35216

All applications including applicable proof of income and 1099s must be submitted by published deadlines. If emailed, these documents must be scanned and combined into a single PDF document.

Financial Assistance Application Return via Email

Please email or scan a copy to: amydisko@vestaviasoccer.com. When submitting by email, please make sure to include your name, player's name, current team name, birth year trying out for, and contact information.

Late Applications

Late applications will be considered only if funds are available.