

Memorandum from Owensboro United Soccer Club

Date: Effective September 2011
To: Applicants for Financial Assistance from Owensboro United
From: United Soccer Club Executive Board
RE: **FINANCIAL ASSISTANCE PROGRAM**

Owensboro United Soccer Club is a non-profit organization. The majority of collected players fees go to paying coaches and paying for costs associated with play (referee fees, league fees and tournament fees). United collects an administration fee from each player that is used for compensation to our Executive Director, outside services, field maintenance, etc.

It has been a long-standing principal of our Club that NO deserving player will be disqualified from playing for United due to inability to pay. The Club prefers payment arrangements in order to offset costs that are fixed to our operations while allowing the most flexible terms as possible.

Applicants for financial assistance must submit the Application provided here prior to the first team practice. It is suggested that this Application be submitted, if applicable, immediately after acceptance to a team. After review of the application you will be contacted by a member of the Executive Board.

Please note that players fees DO NOT INCLUDE UNIFORMS. The Club, in cooperation with Legends Soccer, offers online uniform ordering. Coaches and Team Managers will determine which items a player will need for the season. Coaches and Team Managers will control the assignment of player numbers. The acquisition of a player uniform is the sole responsibility of the player.

Please note that players fees DO NOT INCLUDE THE COST OF TRAVEL. United teams play in leagues and participate in tournaments that often require travel and overnight stays. These types of expenses should be considered by the Applicant.



Owensboro United Soccer Club

ATTN: Treasurer
 Post Office Box 9532
 Owensboro, Kentucky 42302

FINANCIAL ASSISTANCE PROGRAM APPLICATION

TEAM: _____ **Fall / Spring (circle one)** **Year:** _____

This application is used strictly to assist in determining financial need. No guarantee of assistance is associated with the completion of this application. All applications will be reviewed on an individual basis without regard to age, sex, race or religion. **All information and actions relating to this application will be confidential.**

Player Information

Name	
United Team (Division/Gender)	
Address	
Home Telephone	

Parent (Guardian) Information

	Parent/Guardian #1	Parent/Guardian #2
Name		
Address (If Different from Player)		
Place of Employment		
Home Telephone		
Work Telephone		
Email Address		

Other Financial Assistance Programs Currently Enrolled In or Receiving (check all that apply)

Welfare ___ School Lunch Program ___ Housing ___ Health ___

K-TAP ___ Food Stamp ___ Other (explain) _____

(Supporting documents and verification maybe requested, please provide issuance number where possible)

In Owensboro (Daviess County), if you participate in your school's Free and Reduced Price Meal Program, please have the school's Family Resource Center Staff complete the following confirmation.

The above listed family participates in the Free/Reduced Meal Program at _____ (school).

Signed _____ Print Name _____

Title/Agency _____ Date _____ Telephone _____

As part of the application process, please provide the following for further consideration of full and partial scholarships.

Family's Monthly Income: _____ (Supporting documentation may be requested)
Number of Children in Household: _____

Describe Nature of Request, Financial Hardship:

Please note that scholarships do not cover uniform costs or tournament costs (travel, lodging, etc.). Additional supporting information (tax returns, pay stubs, bank statements, etc.) may also be requested for verification.

One Parent / Guardian must sign the application. I / We understand that this information is being given for consideration of participation in the Owensboro United Soccer Club Financial Assistance Program and that the above information may be verified.

Printed Name: _____

Signature: _____

Date: _____

*******FOR USE BY OWENBORO UNITED SOCCER ONLY*******

Approved for: _____ **Date:** _____

Rejected for: _____ **Official:** _____

Notice Date: _____