



## **Financial Aid Application Packet**

## Instructions for filling out the Financial Aid Application

Central Florida Soccer Club is pleased to offer a Financial Aid program to help families offset club fees. The club has limited funds available and the number of players receiving aid and the amount of the financial will vary depending on the funds available. Financial aid is funded by event and tournament proceeds.

In order to be considered for financial aid, applicants must complete **ALL THE INFORMATION ON THE FOLLOWING PAGES, EVEN IF YOU HAVE APPLIED BEFORE.** If any information is incorrect or missing, the application will NOT be considered. Again, you must submit ALL of the pages with the information completed.

All information will be kept confidential.

Submit all application materials to Central Florida SC as follows:

Email to:  
assistance@centralfloridasc.com

or

Fax (407) 613-2428

Financial aid assistance is awarded based upon demonstrated need. Financial need will be the only determinant in receiving financial aid. Families will be responsible for paying the minimum amount at time of registration to cover administrative fees, club, or team expenses not covered by the financial aid award.

Volunteer hours are required to assist the club for tournaments, events, field and facility operations, and other miscellaneous tasks. Players 12 & older are allowed to assist in fulfilling the volunteer responsibilities of the family, if the task is appropriate for the player's age. Financial Aid will be credited to the player's record upon monthly receipt of the Verification of Volunteer Hours Form.

Financial aid figures will be assigned as follows:

- 100%: This assessment means that 100% of the club fees are awarded. Families are required to perform 40 hours of volunteer work for club in the awarded year.
- 75%: This assessment means that a family is responsible for 25% of the club fee. Families are required to perform 30 hours of volunteer work for the club in the awarded year.
- 50%: This assessment means that a family is responsible for 50% of the club fee. Families are required to perform 20 hours of volunteer work for the club in the awarded season.
- 25%: This assessment means that a family is responsible for 75% of the club fee. Families are required to perform 16 hours of volunteer work for the club in the awarded year.

Central Florida Soccer Club  
Financial Aid Application

Player Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Current Team \_\_\_\_\_ Coach \_\_\_\_\_ Age Group \_\_\_\_\_

School \_\_\_\_\_ Current Grade \_\_\_\_\_

Parent/Guardian #1 Name \_\_\_\_\_

Address \_\_\_\_\_

(H/C) Phone \_\_\_\_\_ (W) Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_

Address \_\_\_\_\_

(H/C) Phone \_\_\_\_\_ (W) Phone \_\_\_\_\_ Email \_\_\_\_\_

List additional members of household including siblings.

Household member

Relationship to Player

CFSC Player?

Please note any special circumstances or conditions that should be taken into account. Add additional sheet if necessary.

I certify that the information on this Application Form including the Income Verification Form is accurate, complete, and up to date, to the best of my knowledge. I understand that providing false or wrong information will result in forfeiting or repaying the award. I also understand that the player may be called upon to act as a representative for the Central Florida Soccer Club.

Signature of Parent/Guardian \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED**

Occupation(s) of Parent/Guardian #1: \_\_\_\_\_

Occupation(s) of Parent/Guardian #2: \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_ Number of wage earners in Household \_\_\_\_\_

Last Year Estimated Gross Household Income (before taxes) \_\_\_\_\_

Has the player received financial aid previously? \_\_\_\_\_

If yes, when and for how much ? \_\_\_\_\_

Number of years family has been with Central Florida SC \_\_\_\_\_

For children attending private school, do you receive any tuition assistance? \_\_\_\_\_

If yes, from where, and for how much? \_\_\_\_\_

What portion of the club fees are you able to pay? \_\_\_\_\_

Please include a copy of the following forms along with your application. ALL FORMS.

\_\_\_\_\_ Current U.S. Federal Tax Return (Form 1040) (if not filed yet then last filed return. ALL PAGES)

\_\_\_\_\_ W-2 or 1099 Misc forms for both parents/guardians

\_\_\_\_\_ Most Recent Paystub

**Central Florida Soccer Club  
Financial Aid Notification  
Form**

Please fill out this form and submit it along with the Financial Aid Application Form and Income Verification Form.

Upon review of your application, this form will be returned back to you with the decision.

Contact Information

Player Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age Group \_\_\_\_\_

CFSC Team \_\_\_\_\_ Coach \_\_\_\_\_

Mothers/Guardian's Name \_\_\_\_\_

(H) Phone \_\_\_\_\_ (W) Phone \_\_\_\_\_ Email \_\_\_\_\_

Fathers/Guardian's Name \_\_\_\_\_

(H) Phone \_\_\_\_\_ (W) Phone \_\_\_\_\_ Email \_\_\_\_\_

Address where notification should be sent: \_\_\_\_\_

**FOR CFSC USE ONLY**

\_\_\_\_\_ Scholarship **APPROVED**—Scholarship figure and explanations follows:

Scholarship amount awarded	\$	_____
Family/player responsibility	\$	_____
Required volunteer hours		_____

\_\_\_\_\_ Scholarship **DENIED**

Reason: \_\_\_\_\_

Decision Date

Club President