



Development Academy Programs

Financial Assistance Application

2018-2019

Deadline for consideration: May 15th, 2018

Dear Parents and Players,

Loudoun Soccer is committed to ensuring that all potential players have the opportunity to receive the benefits of participation in our programs regardless of race, economic status and/or physical limitations. As part of that commitment, Loudoun Soccer is pleased to offer a Financial Assistance program to help families offset fees associated with the Development Academy programs. Specifically, financial support is meant to cover Club Fees (excluding the \$500.00 deposit); families are asked to cover uniform fees and Team Fees (vary by team and cover tournament application fees and coach travel costs to away tournaments) on their own.

Funding levels for the program are set anew each year, through donations and fund-raising efforts, and as such are limited. Therefore, submission of an application does not guarantee that assistance will be provided; the number of players receiving assistance and the percentage of fees covered will vary each year depending on funds available. It is recommended that applicants submit their information as early as possible in the application window, so as to have the best chance at consideration.

Eligibility for financial assistance is based primarily on verified family income; and, so all families applying for assistance must submit income information for verification purposes. For the 2018-2019 season, the eligibility threshold is an annual gross family income of \$65,000. That said, other factors such as unemployment or financial hardship will be considered in cases where the threshold is not met, and must be outlined in detail on the application.

Recipients of financial aid are requested to contribute volunteer hours to Loudoun Soccer, in proportion to the magnitude of their grant. Financial Assistance amounts are available as follows:

- 75-100%: The player family is responsible for 0-25% of the program fee, and are asked to contribute 20 hours of volunteer work across the 2018-2019 season.
- 50-75%: Family covers 25-50% of the program fee, and contributes 16 hours of volunteer work.
- 25-50%: Family covers 50-75% of the program fee, and contributes 12 hours of volunteer work.
- 15-25%: Family covers 75%-85% of the program fee, and contributes 8 hours of volunteer work.

Please note that the Financial Assistance award will be a dollar amount, and the amount families have to cover will be stated with the award letter.

In order to be considered for financial assistance, applicants must supply <u>all</u> of the information requested on the following pages, even if certain information has been provided in the past. Incomplete applications will not be considered. Again, applications are processed in the order they are received but will not be started until all information is received. The earlier in the cycle the more likely funds will still be available for award.

Application Process

Step 1: Submit completed application and all required documentation to Loudoun Soccer

starting on April 1st. Applications must be complete before they will be considered/evaluated; player must be accepted to a Loudoun Soccer team before financial assistance application will be reviewed. Applications may be submitted before tryouts if desired and will be processed as soon as the player is accepted to a team. For returning players this is recommended.

Mail or deliver to: Loudoun Soccer

Attn: Karen Buer 19798 Sycolin Road Leesburg, VA 20175

OR email to: Karen.buer@loudounsoccer.com

<u>DEADLINE: Applications must be received/postmarked by May 15th for consideration.</u>

Review & Award Process:

- The Financial Assistance Committee will review completed applications (all support materials must be received for an application to be complete) in the order in which they were received.
- The Committee will allocate funds to qualified recipients on a rolling basis as well.
- Loudoun Soccer will notify applicants of their decision within 15 days of receiving applications or within 15 days of acceptance to a team if application is received prior to tryout decisions.
- When questions arise, Loudoun Soccer may reach out to applicants for additional information.

2018-2019 Financial Assistance Application Form

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Player Name	Da	ate of Birth	Gender(M/F)	
Current Team	Coach		Age Group	
School		Grade		
Parent/Guardian Name				
Address				
(H) Phone	(C) Phone	Email		
List additional members o	f household including siblings:			
<u>Household Member</u>	Relationship to Player	Loud	loun Soccer Player?	

Please note any special circumstances that should be taken into account (attach additional sheets if necessary):

2018-2019 Income Verification Form

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?
2016 gross household income (before taxes)
2017 gross household income (before taxes)
Has the player received Loudoun Soccer financial assistance previously?
If yes, when and for how much?
Number of years family has been with Loudoun Soccer?
For children attending private school, do you receive tuition assistance?
If yes, from where, and for how much?
Please include a copy of all of the following forms along with your application:
2017 U.S. Federal Tax Return (Form 1040) or, if not yet filed, or 2016 Federal Tax return and 2017 extension request 2016 and 2017 W-2 or 1099 Miscellaneous forms for both parents/guardians Proof of eligibility for Medicaid, Free Lunch Program or Food Stamps (if applicable)
I certify that the information on this application form, including the verification form, is accurate, complete, and up to date, to the best of my knowledge. I understand that providing incorrect or false information may result in the player forfeiting, repaying and paying fees, including legal fees and back interest.
Signature of Parent/Guardian
Printed Name
Date

Financial Assistance Notification Form

Please fill out this form and submit it along with the financial assistance application form and income verification form. Upon review of your application, this form will be returned to you with the decision of the Financial Assistance Committee.

Player Name		Date of Birth	Gender(M/F)	
Current Team	Coach		Age Group	
:hool		Grade		
Mother's Name/Guardian	Name			
(H) Phone	(C) Phone	Email		
Father's Name/Guardian N	lame			
(H) Phone	(C) Phone	Email		
Address where notification	should be emailed:			
	FOR LOUDOU	N SOCCER USE ONLY		
APPROVED: Financi	al Assistance figure an	d explanations follows:		
Financial Assistance		\$	%	
Family/player respo Required volunteer		\$ \$		
NOT APPROVED				
Reason:				
Decision Date:				
Approved by:		Date:		
Coach Signature:		Date:		