

Loudoun Soccer Travel Financial Assistance Application 2023-2024

Travel Deadline for consideration: Friday, June 2, 2023

Dear Parents and Players,

Loudoun Soccer is committed to ensuring that all players have the opportunity to participate in our programs regardless of economic status. As such, Loudoun Soccer offers a Financial Assistance programto help qualified families offset Club fees. Financial assistance awards are for a single seasonal year, and must be applied for annually. Financial assistance covers Club fees only; families receiving financial assistance are expected to pay uniform fees (at a discounted rate) and team fees.

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 2023-2024 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 assistance are requested to contribute volunteer hours to Loudoun Soccer, inproportion 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 2023-2024 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 tocover 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.

Application Process

Step 1: Completed applications must be submitted via email to the following address:

chris.stanley@loudounsoccer.com Director of Finance Loudoun Soccer

Travel DEADLINE: Applications must be received by June 2, 2023 for consideration.

Review & Award Process:

- Player must be accepted to a Loudoun Soccer team before financial assistance application will be reviewed.
- The Financial Assistance Committee will review completed applications (all support materials must be received for an application to be complete)
- The Committee will allocate funds to qualified recipients.
- Loudoun Soccer will notify applicants of their decision within 15 days of the application deadline.
- When guestions arise, Loudoun Soccer may reach out to applicants for additional information.

2023-2024 Financial Assistance Application Form

Player Name	DOB _	Gender (M / F)
Current Team	Coach	Age Group
School	·····	Grade
List additional members of house Household Member	hold, including siblings: Relationship to Player	Loudoun Soccer Plaver?
Please note any special circumst necessary):	ances that should be taken into ac	ecount (attach additional sheets if
	2023-2024 Income Verifica	tion Form
Occupation(s) of Parent/Guardian	ı #1:	
Occupation(s) of Parent/Guardian	ı #2:	
Do you own or rent your home? _	Number of w	age earners in household?
2022 gross household income (be	efore taxes) \$	
2021 gross household income (be	efore taxes) \$	
Has the player received Loudoun	Soccer financial assistance previous	ously?
If yes, when and for how much?		
Number of years family has been	with Loudoun Soccer?	
For children attending private sch	ool, do you receive tuition assistar	nce?
If yes, from where, and for how m	uch?	
Please include a copy of one of t	he following forms along with your	application:
2021 Federal Tax return2022 W-2 or 1099 Misc fe	eturn (Form 1040) or, if not yet file and 2022 extension request orms for both parents/guardians licaid, Free Lunch Program or Foo	
up to date, to the best of my know		erification form, is accurate, complete,and g incorrect or false information may result in and back interest.
Signature of Parent/Guardian		
Drinted Name	Do	to:

Financial Assistance Notification Form

Please fill out this form and submit it along with the financial assistance application form and income verification form.

Player Name		_ DOB	Gender (M / F)
Current Team	Coach		Age Group
School	· · · · · · · · · · · · · · · · · · ·		Grade
Mother's Name/Guardian Name			
(H) Phone(C)	Phone	Email	-
Father's Name/Guardian Name			
(H) Phone(C)	Phone	Email	
Address where notification should be ema	ailed:		
FOR LOUDO APPROVED: Financial Assistance fi	UN SOCCER US		
Financial Assistance amount awa	orded \$	%	
Family/player responsibility	\$	%	
Required volunteer hours	\$	%	· <u> </u>
NOT APPROVED			
Reason:			
Decision Date:			
Approved by:		Date:	
Coach Signature:		Date:	