**Chesapeake United Financial Assistance Application**

Your privacy is very important to us. Information that you provide on this form, including any documentation submitted in support of your request will be used only in the evaluation of eligibility for a Chesapeake United player financial assistance. All of your personal information collected will be held in the strictest of confindence.

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_ Season: 2016 – 2017

1. ***Player/Parent Information***

PLAYER NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address the same as player: Y N

Parent/Guardian Name (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address the same as player: Y N

*Parent #2 (If different from player)*

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Household Information***

# Adults in Household (18 and older) \_\_\_\_ # Adults Employed in Household \_\_\_\_

# Children in Household (Under 18) \_\_\_\_ # Children playing soccer at Chesapeake United \_\_\_\_

*Does your family qualify for any of the below (Check box)?*

Subsidized housing Free/Reduced School Lunches Food Stamps

Disability Social Security Benefits Veteran’s Disability

***Income***

Total Annual Income Parent/Guardian (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Line 36 Federal Tax Return)

Total Annual Income Parent/Guardian (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If different from Parent/Guardian2)

1. ***Financial assistance Information***

Financial assistances are often distributed in amounts that are sufficient to cover only a portion of club fees (i.e. 25%, 50%, 75 %). Though Chesapeake United does grant financial assistances in cases that cover 100% of club fees, these financial assistances are less common and are granted to players with the most financial need or players with extreme special circumstances. Chesapeake United does not discriminate or disqualify from consideration based on sex, race, color, creed, religion, nationality or sexual orientation. We are willing to split payments or make reasonable payment options available.

The current club fees for your son/daughter’s program is:

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Of this total amount, how much can you reasonably afford to pay? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be willing to discuss payment plan options? Yes No

1. ***Special Circumstances***

Please explain why this player should be considered for financial assistance assistance at this time. Note any special circumstances that are affecting your family that may help the financial assistance committee in the decision making process.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. ***Volunteer Information***

All financial assistance family recipients will be required to volunteer with Chesapeake United. What ways would you prefer to volunteer? (100% = 20 hours, 75% = 15 hours, 50% = 10 hours, 25% = 5 hours)

Concessions (Sign up for Sat or Sun) Tournament (Sales of Concessions or Merchandise)

Tournament (Set up/ Break down) Tryout Assistance with registration

Fields (line fields, set up or Breakdown –Sat/Sun) Other

1. **Signature**

I certify the following:

Financial assistance assistance is necessary for my child to participate in the 2015-2016 season. The information that I have provided on this form is true and complete to the best of my knowledge. I understand that an incomplete application and/or false information could jeopardize my eligibility for financial assistance assistance. I have read the Financial assistance overview and understand that there is no guarantee of assistance. I understand that the financial assistance amount is subject to funds available and each applicant’s ability to pay. I affirm that I do not owe fees from any previous seasons to this club or any other club and understand that all outstanding fees must be paid in full prior to my application for financial assistance assistance. Any fees found to be outstanding from previous seasons, whether owed to this club or another will result in player dismissal. Future ineligibility for financial assistance funds and non-release of VYSA player eligibility until all fees have been satisfied.

Parent/Guardian (1) Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application may be mailed to: Chesapeake United, ATTN: Financial Assistance Committee, PO Box 15327, Chesapeake, VA 23328 or it may be emailed to: [treasurer@chesapeakeunited.org](mailto:treasurer@chesapeakeunited.org) or [admin@chesapeakeunited.org](mailto:admin@chesapeakeunited.org). If you have any questions about this process, please contact the club administrator at [admin@chesapeakeunited.org](mailto:admin@chesapeakeunited.org).

***Chesapeake United Financial assistance Program Overview***

**General Information**

Chesapeake United is dedicated to make soccer affordable for all players. For this reason, Chesapeake United has made a financial assistance program available to all players in the club with the intent to reduce the economic barriers of playing soccer. The Chesapeake United Financial assistance Fund will make financial assistances available to players each season as long as funds remain available.

**Administration**

The financial assistance program will be monitored and maintained by the Chesapeake United Director of Operations and Director of Finance. One other Board Member will volunteer each season to sit as a third committee member with the Director of Operations and Director of Finance for reviewing and determining financial assistance awardees from that season’s applicants. The Technical Director or a Director of Coaching will also be asked to join the committee as a fourth committee member. All applicants will be notified of their status regardless of the committee decision.

**Application Guidelines**

* Applications are available on the Chesapeake United website
* All applications must be received by the deadline date posted on the application web page. Late applications will be accepted, but will only be reviewed if funds are still available. All applications will be reviewed as they are received. Applicants who submit complete, signed applications will be notified in writing whether their request is approved by the committee within 14 business days of the submission deadline. Applications can be emailed, mailed or delivered to a Board member.
* Applicants must reapply each season for a financial assistance.
* Financial assistances can be given at 25%, 50%, 75% or 100% of the fee amounts. 100% financial assistances are rare and are only awarded in cases of extreme financial need or cases with special/extenuating circumstances that the Financial assistance Committee feels warrant a financial assistance of that amount.
* Volunteer support will be required for families receiving financial assistance funds.

*Chesapeake United is a non-profit organization that annually raises just enough funds to operate and sustain our organization. We are able to offer the financial assistance fund because of the conscientious efforts of our Board of Directors in managing our financial resources as well as our membership support and fundraising efforts. In return for financial assistance funds, we expect your player to fulfill his/her player commitment by participating fully in training sessions, games and tournament play.*

**Application Instructions**

**Documents to Submit**

|  |  |  |  |
| --- | --- | --- | --- |
| **If this is your employment status** | **Submit a form from this column** | **OR** | **From this column** |
| **Full time and Part time Employed** | Copy of previous year Federal Tax Return (1040 pg. 1 & 2) along with Schedule C (if applicable) |  | * W2 (Most Recent) * Last 2 Paycheck Stubs * Copy of Reduced/Free Lunch Eligibility for current year |
| **Unemployed** | Copy of unemployment application |  | * Notice from previous employer of dismissal / layoff * Copy of Reduced/Free Lunch Eligibility for current year |
| **Student** | Copy of most recent student enrollment and Financial Aid documentation / award |  |  |
| **Other** | Any documents that support income level |  |  |

**NOTE: BLACK OUT ALL SOCIAL SECURITY NUMBERS ON DOCUMENTS**

* Use a separate application for each player. A new application is required for each season. Financial assistances do not carry over from one season to the next.
* Please write in the year next to the season you are applying for financial assistance funds on the line provided.
* Section 1: If there are two parents/guardians who provide financial support to the player for whom you are requesting a financial assistance, then both names should be listed on the application in the spaces provided. If only one parent/guardian provides financial support to the player, then only that parent’s/guardian’s information should be provided on the first line and “N/A” should be written on the second line.
* Section 2: Under the headings “Household Information”, write in the number next to each question as it pertains to the player’s household. Under the heading “Does your family qualify…..”, place an “X” next to each benefit received by the household in which the player resides.
* Section 2: Under the heading “Income” enter the amount here from Line 36 of your most recent Federal Tax Return. In most situations, only the first line will need to be filled out (Parent/Guardian 1) even in two parent/guardian homes. In a situation where parents share custody and a player resides with both parents, there will be two answers for this section. Parent 1 should enter their income (Tax Return, Line 36) and Parent 2 will enter their income on the next line (Tax Return, Line 36). Usually, only one financial document is needed for your application (please follow the chart at the top of the page). NOTE: If a family qualifies for reduced or free lunches, a copy of your qualification letter/document for the current year is the only financial documentation you will need to submit with your application.
* Section 3: Chesapeake United Board Members are committed to ensuring that Chesapeake United soccer programs remain affordable to any and all players. Because of this, Chesapeake United is willing to work with families financially by providing a variety of payment options. Payment option information is available by contacting our Board of Directors by email or phone (all listed on Chesapeake United website).
* Section 4: Please list any information in this section that you feel is important to your situation and that may assist the financial assistance committee in making a decision.
* Section 5: Volunteer service will be required as a condition of receiving financial assistance funds. Please list any special skills you have that may be beneficial to the club or your child’s team.
* Please read the certification statement and sign.