## Lakeville Soccer Club, Inc. Financial Assistance Application

Lakeville Soccer Club ("LSC") is a nonprofit organization. Financial assistance is awarded based on demonstrated need as assessed by LSC. Please provide the requested information to assist the LSC scholarship committee in determining the eligibility for financial assistance. The information provided will remain confidential, will not be disclosed to anyone except the LSC Scholarship Committee and members of the LSC Board of Directors, and will be used for the sole purpose of determining eligibility for LSC scholarships.

Completing a financial assistance application does not guarantee that you will be approved for financial assistance. LSC has very limited funds available for financial assistance. Thus, scholarships are based solely on financial need. Depending on the number of financial assistance application, the LSC Scholarship Committee awards partial assistance in order to assist as many players as possible. Please Note: LSC will consider financial up to 45% of the current LSC registration fees. Additional funds can be awarded for expenses related to team coaching fees and team training fees. Additional team fees such as travel, tournament, or any other player expense are not eligible for financial assistance. The player will be responsible for paying these additional costs.

Player Name: DOB:/	/		
Age Level (U6-U19): U Competitive: In-House: Seasor	s playing Lakeville Soccer?		
Is there more than one LSC player in your family? Number Playing: Competitive: In-House: Please describe the circumstances that make a request for assistance necessary (use back of form if needed):			
Specify the amount of financial assistance you are requesting \$			
Specify the amount of infancial assistance you are requesting 5			
Is your financial situation temporary whereby a deferred payment plan would help? Yes / No			
Family income last year: \$	Number of Dependents/Siblings:		
Player qualifies for Free/Reduced lunch at school. Yes / No (circle)	Do you receive Public Assistance? Yes / No (circle)		
Subsidized Housing? Yes / No (circle)	Unemployment? Yes / No (circle)		
Food Stamps? Yes / No (circle)	Medical Assistance? Yes / No (circle)		
Please attach at least one of the following as proof of financial need. LSC may request documents not submitted.			
A current paycheck stubs for all earners in the household.			
<ul> <li>Proof of eligibility for school lunch program or other assistance</li> <li>Financial aid applications and award statement from private / parochial school</li> <li>Statement of extraordinary circumstances causing difficulty to pay the club (attach statement or write on</li> </ul>			
		back).	
		I certify and affirm the above information is true and complete to the best of n	ny knowledge. I agree to inform LSC of any changes in my income or

ability to pay. I understand incomplete information could jeopardize eligibility for financial assistance. I have read the above program descriptions and understand there is no guarantee of fee assistance. I understand LSC, its officers, directors, commissioners, coordinators, coaches, Club Coaches, volunteers, and Lakeville Parks and Recreation Department make no promise or assurances of financial aid. I understand the award

Name (please print): \_\_\_\_\_\_ Relationship to Player: \_\_\_\_\_\_ Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_ Work Phone: \_\_\_\_ Email: \_\_\_\_\_

Date

amount is subject to funds available and my family's ability to pay.

Signature: