

Creativity – Character – **Commitment** – Consistency - **Courage**

Financial Assistance Program Application

Dear Parent/Guardian,

South Valley United Soccer Club is a 501c3 non-profit organization that strives to provide a quality soccer program for our youth regardless of their financial status. Your request for financial assistance is important to us and although we cannot fulfill every request, we will do everything we can to assist you in your efforts to play competitive youth soccer. We understand the importance of sports; we use soccer as a common interest platform to connect with our youth in hopes to make a positive difference in their lives. We are pleased to be able to offer both full and partial financial assistance for those that are approved. We have enclosed information on our Financial Assistance Program, which is designed to allow opportunity for families in need of assistance. Financial Assistance is made possible through the generosity of friends and businesses who support our organization.

To apply for financial assistance, you will need to complete the following:

- 1. Complete the enclosed application with current and accurate information.
- 2. Write an essay or letter including the topics listed in Part 5 of the Financial Assistance packet.
- 3. Secure all information with this application (including, Essay or Letter, Volunteer Form and Letter of Intent) and return it to Club President for Board of Directors review.

Applications will not be considered unless all information and documentation are complete and submitted.

Please understand that all information received will be confidential.

Feel free to contact the SVU Board of Directors should you have any questions. Please allow (30) thirty business days for your application to be reviewed. After this period, you will be contacted as to the status of your application by an SVU Club Representative.

Sincerely,

South Valley United Soccer Club Board of Directors

PART 1:

Player's Name:	Team:	
Player School:		
Player Instagram Handle:		
Father/Stepfather/Guardian Name:		
Address:		
City:		Cip:
Daytime Phone:		
Employer:	Work Phone:	
Email:		
Mother/Stepmother/Guardian Name:		
Address:		
City:	State: Z	Zip:
Daytime Phone:	Evening Phone:	
Employer:	Work Phone:	
Email:		

PART 2:

Please include all steady forms of income you/your household receive(s).

	Father/Stepfather/Guardian	Mother/Stepmother/Guardian
Employer 1		
Monthly Salary		
Employer 2		
Monthly Salary		
Unemployment		
Retirement		
Social Security		
Disability		
Child Support		
Alimony		
Other ()		
TOTAL MONTHLY INCOME		

PART 3:

We are applying for Financial Assistance for:	Registration	Club Dues
What dollar amount do you feel you can afford to pa	y each month?	

PART 4:

VOLUNTEER FORM

I/We understand that we must provide volunteer club service in return for receiving this financial assistance award. The club will be in contact to assign duties that you can assist with as tasks are identified.

Father/Stepfather/Guardian Signature:	Date:	
Mother/Stepmother/Guardian Signature:	Date:	

Part 5:

Essay/Letter Portion of Financial Assistance Program. The Essay/Letter document must be written by the SVU player. If the player is too young, the parent/guardian can assist the player with the document for submission however it is important for SVU to have the perspective of the player with the below topics. Documents can be handwritten however must be clearly legible in PRINT, they can also be typed and printed for submission. This Essay/Letter MUST be included with the submission of the completed Financial Assistance Program Application.

Essays/Letters MUST include the following topics:

- a. How/Why soccer is important to you.
- b. What does the game of soccer teach you that relates to life?
- c. Your favorite SVU Core Value and why.

This completed Financial Assistance Program Package, including Essay/Letter MUST be returned to our Club President for SVU Board of Directors review. It is recommended that you seal your completed documents in an envelope and mark "Personal and Confidential". By signing below, I certify that all information provided including financials are true and correct to the best of my knowledge.

Father/Stepfather/Guardian Signature:	Date:
Mother/Stepmother/Guardian Signature:	Date:



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LETTER OF INTENT

I, the parent/guardian of	am filing this
letter in conjunction with my financial assistance program application. I understand th	nat the execution of this
letter confirms my/our intent to participate with South Valley United Soccer Club for t	the
/ (fill in the year) soccer year.	

I understand that by executing this letter of intent, I must abide by the following:

- My child will not participate in the tryout process for any other club (excludes annual designated club tryout window) located within the Central Valley area during the above season.
- My child will not accept any offer to transfer to another soccer club located within the Central Valley area during the above season.
- My child and I agree to follow all club policies and have read and understand the SVU Parent/Player Agreement.

If I/we fail to abide by the above stipulations, it is my/our understanding that I/we will forfeit the right to any financial assistance in the future with South Valley United Soccer Club or any of its affiliated programs.

Father/Stepfather/Guardian Signature:	 Date:
Mother/Stepmother/Guardian Signature:	 Date: