

Alliance Futbol Club Scholarship Fund Guidelines

General Policy

The goal of the Alliance Futbol Club Scholarship Fund is to make the club soccer experience available to all qualified soccer players who have the talent and commitment, but who may not otherwise be able to afford the expense of competitive club soccer. Qualification takes into consideration financial needs as well as other factors that may influence a player's ability to play at the Alliance Futbol Club. However, since the financial resources of the Alliance Futbol Club Scholarship Fund are limited, the availability and amount of scholarships is also limited to true financial hardship situations. Scholarships are not always available and vary season to season due to the availability of funds.

Responsibility

Players receiving financial aid and their families are required to exert a maximum effort to do volunteer work for team and/or Club sponsorships or functions as requested. Failure to do so may result in a review of the financial aid granted. All scholarship applicants are expected to pay the reduced Player Fees on the same payment schedule as other players unless approved otherwise by the scholarship committee. Parents/Guardians of scholarship players will be expected to participate in club and team fundraisers.

Privacy:

Alliance Futbol Club recognizes the importance of privacy and shall do their best to maintain privacy of scholarship applicants and recipients. The identities of applicant and recipients shall be shared on a "need to know" basis among the Scholarship Committee who may be involved in appropriately carrying out the business of running Alliance Futbol Club or the Alliance Futbol Club team involving an applicant.

Approval Process:

Before a scholarship will be awarded, the parents or guardians of the prospective scholarship recipient must complete the Alliance Futbol Club Scholarship Application. The Scholarship committee shall review all applications. If the scholarship application is not complete or the scholarship committee determines that there is insufficient basis for a scholarship based on need, the scholarship will be denied. Scholarship requests can only be approved by the Alliance Futbol Club Scholarship Committee. Normally, no scholarship will be awarded to cover the cost of registration, uniforms, camps, or travel costs. However, there may be some extreme circumstances where a child may receive additional assistance. In the event a child meets the Federal Poverty Guidelines as reflected in the Federal Register, a child may receive more financial assistance, including tournament fees, uniform fees and other team activity fees. In these situations, some accommodation may be made by working with the team manager. A scholarship will not cover cost of additional items purchased, such as equipment bags, warm-ups and other non-uniform items

Commitment of Scholarship Players

Scholarship recipients will be expected to conform fully to the policies of the Alliance Futbol Club regarding behavior and conduct. In the event that a scholarship player fails to perform all agreed sponsorship and other volunteer activities, attend training sessions, matches, tournaments, or other Alliance Futbol Club activities, the scholarship may be withdrawn immediately in whole or in part.

To apply for an Alliance Futbol Club scholarship or to donate to the Alliance Futbol Club scholarship program, please email your request to treasurer@alliancefutbol.club.

Alliance Futbol Club Scholarship Application

All applications will be taken into consideration based on availability of money for scholarships; number of applications received for current season; financial needs of applicant; number of children in the family playing Alliance Futbol Club soccer. This application does not guarantee a scholarship; applicants will be notified of status in a timely manner. Alliance Futbol Club is an equal opportunity club. It forbids discrimination on the basis of the race, religion, sex, nationality, age and health needs. Alliance Futbol Club will keep all information provided below CONFIDENTIAL.

(Please complete one application for each family. List all players in the family below)

1. Alliance FC Team Selected for _____ Players Name _____

2. Alliance FC Team Selected for _____ Players Name _____

3. Alliance FC Team Selected for _____ Players Name _____

4. Alliance FC Team Selected for _____ Players Name _____

Family Address _____

Father/Guardian Name _____ Father/Guardian Email _____

Father/Guardian Day Phone _____ Evening Phone Number _____

Father/Guardian Occupation _____

Mother/Guardian Name _____ Mother/Guardian Email _____

Mother/Guardian Day Phone _____ Evening Phone Number _____

Mother/Guardian Occupation _____

Number of immediate family members _____.

Are you a single income family? Yes No

Are there circumstances that prevent the family from paying for the player(s) club fees? (Circumstances may include loss of employment, separation or divorce, death of family member, and unusual out-of-pocket expenditures, to name a few) If so, please explain below. If you need more space, please attach additional sheets.

Alliance Futbol Club's monthly fees are between \$80 - \$125 per month. Please list what you feel you could afford to pay per month: \$_____

Each sponsorship recipient will be asked to contribute additional volunteer service per seasonal year during club tournaments and/or club events. These hours are in addition to the two hours that you are required to serve on behalf of your team. Failure or refusal to provide the required voluntary hours will result in the revocation of the scholarship. Are you willing provide 1 additional hour of volunteer service per \$50 of sponsorship your child receives? (Circle One) YES NO

I certify that I do not owe any fees to the Alliance Futbol Club for any prior season (Initial:) _____

I certify that I do not owe any monies or fees to any other soccer organization (Initial:) _____

I certify and affirm the above information is true and complete to the best of my knowledge. I understand incomplete and/or false information could jeopardize eligibility for fee assistance. I have read the Program Description and understand there is no guarantee of fee assistance. I understand Alliance Futbol Club, its officers, directors, commissioners, coordinators, coaches, and volunteers make no promise or assurance of financial assistance. I understand the grant amount is subject to funds available and the family's ability to pay. I further understand that, if Alliance Futbol Club is able to obtain funding from other sources to offset the grant to the Player, I understand it is a reimbursement to Alliance Futbol Club and not an additional grant to the Player. **In consideration of fee assistance to the Player, I agree to participate as a volunteer for Alliance Futbol Club.**

Father/Guardian Signature _____ **Date** _____

Mother/Guardian Signature _____ **Date** _____

**Please send this application to:
Treasurer / AFC Scholarship Committee / P.O. Box 385, Meridian, MS 39302**

Internal Use Only:

Recommended fee reduction for this family is _____

Name of Parent(s) or Guardian(s): _____

Address: _____

Phone: _____

Notified of Status: _____ Date of Notification: _____

Representative that made notificaion: _____