

PEAK SOCCER



Peak Soccer Academy

Financial Assistance Program Guidelines

Eligibility

To be eligible for financial assistance, all applicants and their parents must complete and sign the PSA Financial Assistance Agreement which requires, among other things, that the recipient and their family agree to participate in club events and volunteer for a specific number of hours for the club. The number of required volunteer hours will be determined by the Financial Assistance Board Members and are in addition to required team volunteer hours. Should the parents or recipients not complete their part of this agreement, PSA reserves the right to revoke the financial assistance or remove playing and training privileges.

Financial Assistance Applications must be submitted for each season. However, there is no guarantee your application will be approved.

Each player receiving financial assistance must demonstrate dedication to PSA through consistent attendance at team practices and games.

Financial Assistance Criteria

Financial Assistance will be awarded based on qualification criteria set by the Committee which is subject to change at any time without notification. Qualification criteria will generally track published Federal poverty guidelines based on gross monthly income and family size. (Family size is defined as parent(s)/guardian(s) and dependents all living at the same address). It may include other criteria as determined by the PSA board, such as the Winnebago County guidelines for the free and reduced lunch program and the number of children in the family. Qualification will be based on a sliding scale set by the PSA board using the qualification criteria. Awards will be determined by the applicant's level of qualification, the number of qualified applications and the amount of funds available. Financial Assistance is based on financial need only and not on playing ability.

Items Not Covered by Financial Assistance

1. \$200 Deposit to Secure Players spot on Team
2. Uniform Expenses
3. Out of Pocket Tournament Expenses
4. Travel Expenses
5. Equipment
6. Off Season Events (Futsal, 3v3, etc.)

Instructions for Submitting Application

1. Complete entire Financial Assistance Form
2. All applications must be postmarked by July 21st for the Fall Season and February 21st for the Spring Season.
3. Mail To:

Peak Soccer Academy
Attn: Financial Assistance
PO Box 1127
Roscoe, IL 61073



Financial Assistance Application and Agreement

This form is to be completed by a parent or guardian. All information must be completed in order for this application to be considered. All information is confidential and will be reviewed only by the Financial Assistance Committee members.

Fall 20____ Spring 20____

1. Player's Name: _____ DOB: _____ Age: _____
2. Player's Age Division & Team Color: _____ Player's Coach: _____
3. Number of Years that Player has been with PSA: _____
4. Address: _____ City: _____ State: _____ Zip: _____
5. Phone Number: _____ Email Address: _____
6. Name of Parent (s): _____
7. Gross Monthly Income from all sources: _____
8. How many people live in the household and are dependent upon this income? _____
9. Does this player have any siblings playing club soccer with PSA? ____ Yes ____ No

Name & Team _____

Name & Team _____

Name & Team _____

10. Does this player have any siblings playing club sports at another club? ____ Yes ____ No

If yes, what sport? _____

Name of Club: _____

What are fees at this club? _____

Did you apply for assistance there? ____ Yes ____ No

If yes, was it approved? ____ Yes ____ No

If it was approved, what dollar amount did you receive? _____

11. How much do you feel like you can afford to pay for your child to play club soccer?

Club Fees for Your Age Division: \$ _____

Amount You Can Pay: \$ _____

Amount of Financial Assistance Required \$ _____

12. Is this a one-time request or will it be recurring? _____

13. Please state the reasons for your request for financial assistance. Be sure to include any special circumstances that may not be reflected in this application.

14. What volunteer duties are you willing to assume for the club? (check all that apply)

- | | |
|------------------------------------|-------------------------|
| a. Fundraising | e. Camps or Clinics |
| b. Team Manager | f. winter futsal league |
| c. Field Prep | g. summer 3v3 league |
| d. Assist at Tryouts/Registrations | h. other |

Please Initial:

- I understand that parent participation in fundraising and volunteering for club duties is mandatory. These required volunteer hours are in addition to any team volunteer hour requirements.
- I understand that I will be responsible for all other expenses/fess not covered by financial aid and the balance due will be paid immediately.
- I affirm that I have read and understand the PSA Financial Assistance Guidelines.
- I affirm that all the information given on this application is true and correct.
- The Peak Soccer Academy Board reserves the right to contact you for additional information or documentation if deemed necessary.

****PLEASE ATTACH ALL FINANCIAL DOCUMENTATION (2017 Federal 1040, W2s, other proof of financial hardships) ****

Players Signature

Date

Parent Signature

Date

DO NOT WRITE IN THIS SPACE – PSA BOARD USE ONLY

Date Received: _____

— Request Approved

Club Fee \$ _____

Assistance Granted \$ _____

Required Payment to Club \$ _____

— Request Denied

Reason: _____

PSA Board Member

Date

PSA Board Member

Date

Date Notification Sent to Applicant: _____