



2026-2027 HFC Financial Assistance Request

(Additional Documents REQUIRED)

(Volunteer hours now also required for all award recipients)

Player's Name: _____

Age Group: U-_____ Gender: Boy _____ Girl _____ DOB: _____ / _____ / _____

Father's Name/Guardian: _____

Phone: HM _____ WK _____ Cell _____

Father E-mail: _____

Mother's Name/Guardian: _____

Phone: HM _____ WK _____ Cell _____

Mother E-mail: _____

ALL PLAYERS WILL BE REQUIRED TO PAY AT LEAST \$200 TOWARDS THESE FEES.

Please select which type of assistance you are applying for below (Indicate with an 'X'):

Full

I can only pay \$200 towards the Registration Fee (\$850 Academy/\$1025 Select)

Partial

I can pay the amount below toward the Registration Fee (\$850 Academy/\$1025 Select)

\$

Please indicate all that apply with an X:

I have multiple Children playing Select/Recreation soccer at HFC/HYSA

I have multiple scholarship requests (other children playing)

I have played with this team last year

I played for HFC last year with another team

If you wish for your household to be considered for financial assistance, please respond completely to all questions below and provide the required documents for review by the HFC Financial Assistance Committee.

1. Has the family been dependent upon outside sources in order to play soccer? (i.e. grandparents or ex spouses pay tuition)?

Circle one: Yes or No. Describe.

2. Are the children enrolled in extra-curricular activities? (i.e. instrument lessons, sports, scouts, etc.) Circle one - Yes or No.

If yes, please list in detail all fees paid per child per year or month

3. How many children will be playing soccer this year for HFC? Please list age groups in which they play.

4. Does the applicant live in a home that is owned? If owned, please check the amount that most accurately reflects the current market value of the home.

_____ Less than \$50,000

_____ \$50,000 - \$100,000

_____ \$100,000 - \$150,000

_____ \$150,000 - \$200,000

_____ Over \$200,000

5. Amount of your mortgage payment or rental fee paid each month. _____

6. What is the gross salary/salaries of your household? _____

7. **Please provide ALL of the following with the understanding that all information will be kept confidential:**

- **W-2 for previous year (Block out all SS#'s and ID numbers)**
- **Tax returns for the previous year (Block out all SS#'s and ID numbers)**
- **Most recent paycheck stub from all jobs (Block out all SS#'s and ID numbers)**

I am requesting financial assistance for my family. I certify that all the information contained on this form is true and that any falsification will lead to cancellation of the financial assistance.

Additional Notes or Comments: _____

Parent or Guardian Signature: _____

Date: _____

This information is Confidential and only reviewed by the HFC Financial Assistance Committee

**** Please note: we are requiring all award recipients to commit to volunteer hours to assist the club. There are a variety of volunteer opportunities throughout the season. ****

****Failure to complete the required hours will result in future assistance not being awarded****

Please email this completed form along with the other documents requested to registrar@hattiesburgfc.com.