



## APPLICATION FOR FINANCIAL ASSISTANCE

Team (age group) \_\_\_\_\_ Coach \_\_\_\_\_

### A. Player Information:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_ Email \_\_\_\_\_

### B. Parent/Legal Guardian Information

Parent 1 Name \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Email \_\_\_\_\_

The Butte United Soccer Club (BUSC) firmly believes that financial limitations should not hinder a child's ability to play competitive soccer. For this reason, the BUSC provides financial assistance to players from low-income backgrounds by waiving the annual registration fee (\$375). All scholarship recipients will still be required to pay \$25 for the Player Pass and uniform costs.

Income eligibility is determined by the 2024 poverty guidelines published by the U.S. Department of Health and Human Services.

### C. Assessment of need:

To determine financial need, please provide proof of income for the most recent year. Acceptable forms are:

- 2024 IRS Tax Form 1040, 1040A, or 1040EZ (**Page 1 and 2 only and black out SS#s**)  
**OR**
- Passport to Services (this document is provided by your county's social services office and documents public assistance received by the family.)

Terms of the Butte United Soccer Club Scholarship Policy

The Butte United Soccer Club reserves the right to discontinue financial assistance at any time if the information provided is false or inaccurate.

I (parent) \_\_\_\_\_ have read and agree to the terms and conditions of the Butte United Soccer Club scholarship policy and any requirements outlined on this application. I am requesting that (player) \_\_\_\_\_ be awarded financial assistance to participate with the Butte United Soccer Club. I certify under penalty of perjury that all the above information is true and complete.

Parent/Guardian Name (please print) \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit your signed and completed application, along with copies of all required backup documentation to:**

Maria Moreno at:       mmorenoramos00@gmail.com

OR by mail to:       Butte United Soccer Club  
1388 Ravenshoe Way  
Chico, CA 95973

**Incomplete applications or applications without the required documents will NOT be considered.**

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**For Butte United Soccer Club Scholarship Committee Use Only**

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Date Application Received: \_\_\_\_\_ Date Review Completed: \_\_\_\_\_

Approved: \_\_\_\_\_ OR Denied for Reason: \_\_\_\_\_

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