

# SCCSA Financial Assistance Program and Application

## Southern Chester County Soccer Association (SCCSA)

www.sccsasoccer.com

doc@sccsasoccer.com for Director of Coaching

travel@sccsasoccer.com for Travel VP

rec@sccsasoccer.com for Rec VP

**Home of the Dragons Development Program (DDP)**



1. Southern Chester County Soccer Association (SCCSA) is supportive of children who may need financial assistance to participate in SCCSA soccer activities in travel leagues. It will be funded as necessary by SCCSA and approved by the Board of Directors of SCCSA.
2. Financial assistance monies will be granted based on qualification criteria set and approved by the Board of Directors. The qualification criteria will include gross income and family size, and may include other criteria. Financial Assistance will be granted for the purpose of assisting families with low income. Additionally, we will consider financial assistance for families with low incomes and multiple children participating in SCCSA. Determination of an applicant's qualification will be based on a review and approval from the Financial Assistance Committee of the Board of Directors.
3. Financial Assistance for the travel program is granted *annually* and a new application must be submitted each year. The travel year runs from August 1st to July 31st.
4. Financial Assistance will be granted to cover either full or partial *travel registration fees and core uniforms* as determined and approved by the Board of Directors. Any additional expenses such as, but not limited to, non core apparel, equipment and travel related expenses are the responsibility of the player.
5. Financial Assistance application forms are attached (2 pages). Only fully completed applications, with all supporting documentation, will be reviewed. Requests should be mailed to:

SCCSA  
Attn: Financial Assistance Program  
873 E. Baltimore Pike  
PMB # 951  
Kennett Square, PA 19348

Partially completed applications will not be reviewed.

6. Applications must be submitted and approved before a player can be placed on an SCCSA roster.
7. Applicants will receive a response to their application in writing by the Financial Assistance Committee. Approval notifications will be supplied to Head Coaches solely for the purpose of knowing the amount to be collected from the participant, if any.
8. All data submitted is confidential and will only be available to the Financial Assistance Committee and used solely to determine eligibility for financial aid and for no other purposes. After a decision has been reached on your application, all financial information will be destroyed. No records of your financial data will be kept by SCCSA.
9. To be eligible for financial aid, all applicants and their parents/guardians agree to participate in team practices, games, team duties and all other regular team activities. The Board of Directors reserves the right to cancel financial aid arrangements at any time though written notification.

*SCCSA has been promoting youth soccer since 1977. We offer recreational soccer leagues in the fall and spring, year-round travel teams, TOPSoccer for players with special needs, and top-notch training programs for individuals and teams, even those not affiliated with SCCSA.. Please visit the club website for more information on all our programs.*

## SCCSA Financial Assistance Application Form (Page 1 of 2)

### Southern Chester County Soccer Association Financial Assistance Program

Southern Chester County Soccer Association (SCCSA) grants Financial Aid based on need and available funds. Please complete this application form so that we can fairly evaluate our various members' needs.

#### PLAYER INFORMATION

PLAYER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ SCHOOL IN FALL 2014: \_\_\_\_\_

TEAM AGE GROUP, GENDER & NAME: \_\_\_\_\_ COACH: \_\_\_\_\_

#### PARENT / GUARDIAN INFORMATION

PARENT/GUARDIAN #1 NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREFERRED PHONE (MOBILE, HOME, OR WORK): \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ YEARS: \_\_\_\_\_ INCOME: \_\_\_\_\_

PARENT/GUARDIAN #2 NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREFERRED PHONE (MOBILE, HOME, OR WORK): \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ YEARS: \_\_\_\_\_ INCOME: \_\_\_\_\_

Please list any other children in your family who are registered with SCCSA:

PLAYER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TEAM AGE GROUP, GENDER & NAME: \_\_\_\_\_ COACH: \_\_\_\_\_

PLAYER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TEAM AGE GROUP, GENDER & NAME: \_\_\_\_\_ COACH: \_\_\_\_\_

PLAYER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TEAM AGE GROUP, GENDER & NAME: \_\_\_\_\_ COACH: \_\_\_\_\_

## SCCSA Financial Assistance Application Form (Page 2 of 2)

Level of Financial Aid needed:    \_\_\_\_25%    \_\_\_\_50%    \_\_\_\_100%    \_\_\_\_Other (please specify)

In the past year did your family receive financial aid from any of these programs?

- Free or reduced price school lunch.
- CalFresh Program (Food Stamps)
- Temporary Assistance for Needy Families (TANF)
- Financial aid for school or other sports organizations (please specify) \_\_\_\_\_

We ask Financial Assistance Program members to provide SCCSA with at least 20 hours of volunteer work to help offset the cost of the program. Please indicate the following areas of which you would be willing to volunteer your time:

Coach             Assistant Coach             Other (please specify) \_\_\_\_\_

Field Work (please circle dates available - all dates are from 9am-12pm)

08/16/14	08/17/14	08/23/14	08/24/14
09/06/14	09/07/14	10/04/14	10/05/14

There will be an additional 6-8 field work dates in the spring. If unavailable on dates provided, please contact [fields@scsasoccer.com](mailto:fields@scsasoccer.com) to arrange dates.

Please complete this application in full and include the following documents:

- A copy of the first two pages on your 2013 filed federal tax return. If you have not yet filed your 2013 return, then please submit the first two pages of your 2012 return, along with copies of any 2013 W-2s. If financial aid is granted, then SCCSA may request the 2013 return when it is filed.
- Any additional documentation that will demonstrate a need for financial assistance.

All data submitted is confidential and will only be available to the Financial Assistance Committee and used solely to determine eligibility for financial aid and for no other purposes. After a decision has been reached on your application, all financial information will be destroyed. No records of your financial data will be kept by SCCSA. Please white out any social security numbers.

Please mail this form, along with all necessary documents to:

SCCSA  
Attn: Financial Assistance Program  
873 E. Baltimore Pike  
PMB # 951  
Kennett Square, PA 19348

Partially completed applications will not be reviewed.

SCCSA has limited funds available for financial assistance. Your honesty in completing this application will ensure that these funds are allocated to those families most in need.

Everything stated in this application is true and complete to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_