



WESTSIDE UNITED SELECT SOCCER PROGRAM



Financial Assistance Application

Season Year 2008 -2009

Eligibility for Full and/or Partial Financial Aid Packages

Westside United Select Soccer Program’s Financial Aid Program uses the US Department of Agriculture’s National Reduced Fee Lunch program’s Income Eligibility Guidelines (calendar year July 1, 2007 to June 30, 2008) to determine eligibility for a full financial aid package. If there are insufficient qualifications for a full financial aid package, applicant may be eligible for a partial package.

Household Size	Yearly	Monthly	Weekly
1	\$18,889	\$1,575	\$364
2	25,327	2,111	488
3	31,765	2,648	611
4	38,203	3,184	735
5	44,641	3,721	859
6	51,079	4,257	983
7	57,517	4,794	1,107
8	63,955	5,330	1,230

Supporting Documentation

Please provide proof of income with most recent tax return or other documentation. Examples include: Most Recent Year’s 1040 Tax Return (top page); Proof of Eligibility for the Free/Reduced Price School Lunch Program; Food Stamps Program. All Financial Aid Application requests submitted without supporting documentation will NOT be considered. Feel free to supply other information to be considered by Financial Aid Committee. We understand this information is sensitive and will maintain absolute confidentiality.

Applicant Information

Application Date: _____

Player’s Name: _____

Team Name: _____

Coach: _____

Age Group (i.e. GU11): _____

Members in Household: _____

Aid Request (Full, Partial): _____

Players with Westside: _____

Request Amount (if Partial): \$ _____

Parent/Guardian Last Name: _____

First Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Acknowledgements

I acknowledge that the information supplied to Westside United Select Soccer Program’s Financial Aid Committee is correct and accurate. I will notify them of any improvement in the economic status of our family that may make financial aid no longer necessary. I further agree to provide ten (10) hours of volunteer work to the Westside United Select Soccer organization during this season year.

Parent Signature: _____ Date: _____

All applications submitted to the Westside United Select Soccer Program’s Financial Aid Committee are subject to the Financial Aid policies and to the availability of finance aid funds. Please recognize that Westside United Select Soccer Program expects those that receive financial aid to be particularly diligent in participating in both Club and Team fundraising activities.



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===== THIS SECTION FOR PROGRAM USE ONLY =====

Financial Aid Application Review

Date of Postmark: _____

Player's Name: _____

Documentation Supplied: _____

Documentation Reviewed By: _____

Review Date: _____

Application Outcome: APPROVED / DENIED

\$ _____

Date Parent Notified: _____

Date Manager Notified: _____