



## **Big River Soccer Club Financial Assistance Application**

Program description: Big River Soccer Club is a non-profit youth soccer organization that offers an assistance program for youth participants who are in need of financial aid in order to play soccer in BRSC. Each request is considered on a per season basis.

This request covers registration fees only. The participant is required to purchase their own shorts, shin guards and cleats. The amount of aid and number of family members/players receiving aid is dependent upon the amount of money available and is not guaranteed from year to year.

Confidentiality: All information is for the sole purpose of helping the BRSC Executive Board make grants. Scholarship requests are strictly confidential. Incomplete forms will not be considered and may be returned.

To process an application, Big River Soccer Club (BRSC) **requires** that each applicant submit the following items (if applicable):

- Confidential Application for Financial Assistance
- Copy of most recent year's tax documents (e.g. form 1040)
- Proof of Eligibility of Free or Reduced School Lunch Program
- Copy of current pay stub, social security, disability check

Once all required forms are submitted, the applicant will receive a response within 16 days\*. If the applicant qualifies for full or partial assistance, the BRSC Registrar will register the player for that season, and notify the applicant on completion of registration.

\*Participants will not be permitted to begin practices or games until the application has been processed, accepted, and registration complete. This process can take up to a maximum of 16 days.

Please complete the confidential application form below and return it, along with the required forms listed, to:

**Big River Soccer Club  
Financial Assistance  
19 Johns Lane  
Orondo, WA. 98843**

# Application for Financial Assistance

## Parent/Guardian Information

Guardian Name _____
Address _____
Phone _____ Email _____
Household Size _____ # of Adults _____ # of Children _____
Employer _____
Employer Phone _____

## Participant Information

Participant # 1 _____ Gender _____ Grade _____
Date of Birth ____/____/____ School _____ Medical Conditions _____
Age Group _____ Team/Player/Coach Request _____

Participant # 2 _____ Gender _____ Grade _____
Date of Birth ____/____/____ School _____ Medical Conditions _____
Age Group _____ Team/Player/Coach Request _____

Participant # 1 _____ Gender _____ Grade _____
Date of Birth ____/____/____ School _____ Medical Conditions _____
Age Group _____ Team/Player/Coach Request _____

Has the above participant(s) ever received financial assistance from Big River Soccer Club?

YES     NO    If so, when? \_\_\_\_\_

Do any of the above participants receive the free or reduced lunch program?     YES     NO

Reason for Requesting Aid:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was your family's gross income for last year? \$ \_\_\_\_\_.

List gross monthly income from all sources.

	<b>Applicant</b>	<b>Spouse/Other</b>
Wages/Salary	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Other*	\$ _____	\$ _____
Total Income	\$ _____	\$ _____

\*Please list all other sources of income

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial Aid Requested:

Total Cost of Registration Fees \$ \_\_\_\_\_

Amount you can Pay \$ \_\_\_\_\_

Amount of Aid Requested \$ \_\_\_\_\_

*We (I) certify that to the best of my knowledge that the above information is true and accurate.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THE COMPLETED FORM, TAX FORMS & PROOF OF ELIGIBILITY FOR FREE/REDUCED LUNCH PROGRAM (if applicable) IN A SEALED ENVELOPE MARKED BIG RIVER SOCCER CLUB FINANCIAL ASSISTANCE 19 JOHNS LANE ORONDO, WA. 98843

**DO NOT WRITE IN THIS SPACE  
FOR BRSC EXECUTIVE BOARD USE ONLY**

**Request Approved** \_\_\_\_\_

**Request Denied** \_\_\_\_\_

**Amount Requested \$** \_\_\_\_\_

**Amount Approved \$** \_\_\_\_\_

**Required Family Contribution \$** \_\_\_\_\_

\_\_\_\_\_  
**BRSC President**

\_\_\_\_\_  
**Date**