

Ames Soccer Club Financial Assistance Policy

Ames Soccer Club (ASC) believes that all youth should have the opportunity to participate in ASC programs. ASC understands that for some the fee may be prohibitive. Therefore ASC is committed to providing financial assistance to qualifying youth.

Financial Assistance will be considered on an annual basis for club fees only and does not include team fees (travel or tournament fees). Players are generally expected to obtain their own uniforms through purchase or the second-hand market. Requests for financial assistance should be submitted 30 days prior to the fee due date.

The Financial Assistance Committee will be made up of the Registrar and Treasurer. Only the Financial Assistance Committee will review the application for assistance. Your information will be kept completely confidential. All confidential materials will be held by the club Treasurer.

To apply for financial assistance:

1. Submit a completed application using the following pages. Additional copies of the applications can be found on the ASC web site at www.amessoccer.org.
2. Provide necessary forms (Federal 1040 form, final paycheck stub, W2 or other proof of income).
3. Mail application and supporting documentation to:
Ralph Ackerman, Registrar
231 Parkridge Circle
Ames, Iowa 50014

Financial Assistance will be awarded based on demonstrated need.

**Ames Soccer Club
Financial Assistance Application**

Applications are for one year beginning with the fall season and ending with the beginning of the following fall season. All applications for financial assistance will be held in strict confidentiality. To be considered for financial assistance you must complete this form and show proof of household income. If you are applying for assistance for more than one child please list the name and age group of each child.

Application for (circle) event(s): Fall, Winter, Spring, Camp _____

Applicant Information:

Player Name: _____ DOB: _____ Age Group: _____
Player Name: _____ DOB: _____ Age Group: _____

Parent/Guardian Name: _____
Address/City/Zip Code: _____
Phone: _____ Cell Phone: _____
Email address: _____

Financial Data: Applicant must provide proof of household income (attach a copy of federal 1040 form, final paycheck, or W2 to this form).

If you currently are receiving WIC or Food Stamps place your number here _____ and skip to the Other Data section.

Number of Dependent Children (including college age dependents)? _____
Do you own or rent your home: _____
Number of persons living in the household: _____

Parent/Guardian 1

Are you currently employed? _____yes _____no
Employer's Name: _____
Employer Address: _____
Position Held: _____ Years employed: _____
If no do you receive unemployment benefits? _____yes _____no

Parent/Guardian 2

Are you currently employed? _____yes _____no
Employer's Name: _____
Employer Address: _____
Position Held: _____ Years employed: _____
If no do you receive unemployment benefits? _____yes _____no

Monthly Financial Income Breakdown

Parent/Guardian 1 monthly gross income?	\$
Parent/Guardian 2 monthly gross income?	\$
Child support received per month?	\$
Other Income, list	\$
Total Monthly Household Income	\$

Other Data:

How can you support club activities? _____

What other extracurricular activities is your child(ren) in? _____

Describe any special circumstances which ASC should be aware of when considering your request for financial assistance. _____

Request and Certification:

Please complete the section below indicating the amount of financial assistance that is being requested per participant and activity. Although the financial verification is done only annually we realize that plans may change and the child(ren) may desire to participate in an activity that was not initially identified on this application. To submit a request for additional activities complete the Applicant Information and the Request and Certification sections.

Participant	Program (e.g. fall registration)	Amount Requested

I certify that the above information is true as stated. I understand that should my financial situation change I will notify ASC immediately of such change.

Parent/Guardian Signature _____ Date: _____
Parent/Guardian Signature _____ Date: _____

Mail Application and supporting documents to:

Attn: Ralph Ackerman, Registrar
231 Parkridge Circle
Ames, Iowa 50014