Matthews USA Soccer Club Financial Assistance Request

Instructions for Filing:

1. Forms must be completed by a parent or legal guardian and all information must be completed in full. Incomplete applications will not be considered.
2. Attach the following documents with your application:
    - Most recent year's tax return
    - Copies of most recent payroll stubs for all employed family members
    - Copies of any court orders, divorce papers, etc., regarding financial responsibility and/or support for the player
3. Failure to provide all supporting documentation and/or incomplete applications will result in an automatic denial.
4. All applications must be signed and dated
5. Applications are due by **June 15th**. Applications received after this date will not be considered except under special circumstances. Please mail completed applications to the following address:

Matthews USA Soccer Club
2217-D Township Parkway, PMB 262
Matthews, NC 28105

6. If there are any questions, please email our Treasurer at registrar@matthewssoccerclub.com
7. If you are requesting assistance for multiple children, please complete a separate first page for each child.
8. If your $200 commitment deposit has not already been paid, it must be included with this application
9. There are limited funds available for assistance, therefore applications will be reviewed on a first come, first serve basis

Qualifications and Conditions:

1. Financial assistance is granted on an annual basis. A new application must be submitted every year.
2. Financial assistance applies to club dues only. All other miscellaneous and team fees are the responsibility of the applicant or the team.
3. Family members will be asked to provide a minimum of 4 volunteer hours in support of various club activities.
4. All remaining balances for financial assistance recipients must be paid by the respective due dates.
5. All applications will be reviewed and notification will be sent to all applicants by the first week in July.

MATTHEWS USA FINANCIAL ASSISTANCE APPLICATION

_____ _____
Player Full Name Contact Email Address

_____
Home Address

_____ Player Lives With Father _____ Mother _____ Both _____ Guardian _____
Phone Number

_____ _____ Did applicant play for Matthews USA Last Year? _____ Amount Applying For _____
Current Age Date of Birth

Fathers Name _____ Mothers Name _____

Number of People Living in Home: Adults (18 and over)_____ Children (Under 18)_____

Annual Household Income: Total 2007 Household Income: $_____

Estimated 2008 Household Income:

Father Salary: $_____

Mother Salary: $_____

Child Support: $_____

Alimony: $_____

Other Income: $_____

Total Annual Income: $_____

_____ _____
Name of Father Name of Mother

_____ _____ _____ _____
Occupation Place of Employment Occupation Place of Employment

_____ _____ _____ _____
Work Phone Cell Phone Work Phone Cell Phone

_____ _____
Email Address Email Address

PLEASE STATE HERE THE SPECIFIC AMOUNT REQUESTED AND THE CIRCUMSTANCES CONTRIBUTING TO NEED FOR ASSISTANCE:
(Attach additional page if needed)

I certify that all materials supplied and statements made in connection with the submission of this application are true to the best of my knowledge

_____ _____
Print Name Signature/Date