



Harbor Soccer Club Financial Assistance Program Application 2020/2021 Season

Harbor Soccer Club (HSC) strives to give every player an opportunity to play soccer. We do not want to prevent anyone from playing due to financial reasons. Financial assistance is offered for youth players who want to participate in our programs.

Financial assistance is awarded on an annual basis and needs to be requested each year. Financial assistance is determined primarily on the federal lunch program USDA income guidelines. Financial assistance only applies to registration fees. There are other costs associated with playing that are the responsibility of the player such as uniform, travel and team fees. These additional costs will vary and should be expected and considered as part of the overall costs of participation.

Please note: Harbor Soccer Club has established the following guidelines as a foundation to award financial assistance based on funds available, special circumstances that fall outside the guidelines and/or any other issues. Harbor Soccer Club would again like to give every player a chance to play soccer.

Please submit all exception financial assistance applications to the Financial Assistance Committee to either addresses below. Include a note for the understanding and consideration of the Committee. The Committee may award assistance up to 20% of total registration fees.

Requirements before assistance is granted*:

1. Complete, sign and return this Financial Assistance Application by the applicable deadline to either:

Email: treasurer@harborsoccerclub.com

Mail: Harbor Soccer Club
C/o Financial Assistance Committee
P.O. Box 1123
Gig Harbor, WA 98335

*Only one form needed per household

***Incomplete applications will not be considered**

APPLICATION DEADLINES (emailed or postmarked)

U19-U16 Boys Premier – March 31, 2020

All Jr Academy + U15 Boys Premier – May 31, 2020

All Girls Premier – May 31, 2020

All Recreational Programs – July 1, 2020

2. Pay the minimum required initial deposit for the program(s)
(\$400 for Premier; \$275 for Junior Academy; \$75 for Club/Small-Sided; \$50 for Micro)
3. Agree to set-up an auto payment plan through Affinity with credit/debit card or bank account. If the credit/debit card or bank account should expire, become invalid and/or insolvent, it will be the responsibility of the card/account holder to update the account and pay any fees and/or penalties.

Choose length of the monthly payment plan (payments begin the month assistance is approved and must be paid every month. Installments may be subject to a \$5 per payment fee):

Premier/Junior Academy - six payments nine payments

Recreational - three payments

Account Charge Authorization Form:

Card Type: MasterCard Visa Discover

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____ CVC 3 digit Code: _____

Cardholder ZIP code (same as billing address): _____

I, _____, authorize Harbor Soccer Club to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

4. Volunteer a minimum of 12 hours for HSC by December 31st. HSC may contact you throughout the year with various opportunities to serve. Volunteer hours will be tracked and verified by the HSC Financial Assistance Committee but it is the player's responsibility to submit volunteer hours worked to the committee. A form is provided for your submittal.

Here are some examples of ways to serve (Committee pre-approval of volunteering ideas may be required):

- Gig Harbor Maritime Parade
 - Harbor Appreciation & Season Kick off
 - Harbor Tyee Cup
 - Annual General Meeting
 - Various Garage and Spirit Wear sales
 - Concessions
 - Team Manager / Treasurer / Equipment manager
5. You are required to commit to HSC for the full season. If you do not commit to the full season, you will be required to reimburse the assistance in full. The reimbursement will not be pro-rated. You will not be released from HSC and not able to register with another Washington Youth Soccer club until the assistance is reimbursed.
 6. You are in overall good standing with HSC and Washington Youth Soccer

*- Should you wish to opt out of any of the requirements of this application due to unforeseen circumstances, you can appeal in writing to the HSC Financial Assistance Committee. You may be required to meet in person also.

Exemption:

You are exempt from reimbursing any financial assistance:

1. If you are injured during the season, and not able to play for greater than six months. A Doctor's note will be required.
2. If you relocate 20 miles or more from the address listed on your registration during the season. Proof of new address will be required.

Other Discounts:

No other discounts will apply or be accepted if you are awarded any level of financial assistance.

Select the type of qualifying financial assistance:

Federal Free Lunch Program

- a. Your registration fee is reduced by **70%**.
- b. Provide a copy of Federal School Lunch acceptance notice

Federal Reduced Lunch Program

- a. Your registration fee is reduced by **50%**.
- b. Provide a copy of Federal School Lunch acceptance notice

Adjusted Gross Income limitations based on the 2020 Federal Guidelines table at 300%. If your adjusted gross income per your tax return is below the following amounts based on your household size, you may qualify.

- a. Your registration fee is reduced by **25%**.
- b. Signed copy of most recent Federal Tax Return

Family Size	300%
1	\$32,280
2	\$51,720
3	\$65,160
4	\$78,600
5	\$92,040
6	\$105,480
7	\$118,920
8	\$132,360
For each additional family member	\$13,440

*-Table based on the 2020 Federal Poverty 300% Guidelines

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is considered your adjusted gross income from your most current 1040 tax return.

Dependent members (50% or greater in support) of the household are included in the size and income. Non-dependent members are not included in the size and income.

List all registered players seeking financial assistance (the financial assistance for all will be based on what you selected above)

PLAYER'S LAST NAME	PLAYER'S FIRST NAME	DATE OF BIRTH (M/D/Y)
		/ /
		/ /
		/ /
		/ /

Names of all household members (do not include players listed above)	Included on tax return (Y/N)*

*- these include income earners and other dependents (other than player's listed above) to determine household size

Confidentiality Disclosure

All information provided is for the sole purpose of helping Harbor Soccer Club determine which applicants will receive assistance. Assistance requests, as well as all supporting documentation are strictly confidential and will not be shared with anyone other than the Treasurer and at the discretion of the Financial Assistance Committee.

Written Request for Assistance (Optional):

Contact Information & Signature

Complete, sign and return this application to the Harbor Soccer Club to the above mail or email.

In the event my family is awarded financial assistance, I understand it will not cover all of the expenses for the related Harbor Soccer Club program (Premier and/or Recreational). I will be expected to meet with the Club Business Director on outstanding registration fees, and the Team Manager and/or Team Treasurer to determine payment options for all Team related expenses for my child. I understand that the cost of my player's uniform is my responsibility as they are paid directly to the supplier in partnership with Harbor Soccer.

I certify and affirm the above information is true and complete to the best of my knowledge. I understand incomplete information could jeopardize eligibility for assistance. I read this document and understand there is no guarantee of assistance. I understand the award amount is subject to funds available and the family's ability to pay. I understand that volunteer time is expected.

Printed Name of Parent

Signature of Parent

Email Address of Parent

Mailing Address

City, State & Zip Code

Daytime Phone

******* HARBOR SOCCER CLUB USE ONLY – DO NOT WRITE BELOW THIS LINE *******

Total Household Size: _____

Total Household Income: \$ _____

Total # of Harbor Soccer Players: _____

PREMIER

RECREATIONAL

APPLICATION APPROVED DUE TO:

Free Meals

Reduced Meals

Other Award percentage: _____

APPLICATION DENIED DUE TO:

Adjusted Gross Income Amount

Incomplete/Missing Information

Other: _____

Date Notice Sent

Financial Assistance Committee member

Date Signed