

**SCOR FINANCIAL AID APPLICATION Soccer Club of
Rockford (SCOR) is a 501(c)(3) organization.**

PLAYER INFORMATION

PLAYER'S NAME: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

AGE GROUP: **U** _____ GENDER: _____ COACH: _____ SOCCER FEE: _____

CIRCLE TEAM LEVEL: Premier Full Year Premier Half Year DA Full Year Select Full Year Select Half Year

PRIMARY PARENT / GUARDIAN INFORMATION

PARENT/GUARDIAN #1 NAME: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PREFERRED CONTACT#: _____ EMAIL: _____

EMPLOYER: _____ JOB TITLE: _____ INCOME: _____

PARENT/GUARDIAN #2 NAME: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PREFERRED CONTACT#: _____ EMAIL: _____

EMPLOYER: _____ JOB TITLE: _____ INCOME: _____

FINANCIAL AID AMOUNT REQUESTED: \$ _____

**NOTE THAT 100% FINANCIAL AID ASSISTANCE IS RARELY AWARDED, BUT WE WILL DO OUR BEST
TO GRANT AS MUCH AS WE CAN BASED ON NEED AND AVAILABLE FUNDS.**

Does your family receive financial assistance from any federal or state agencies? (check one) ___ Yes ___ No

If so, please name the agency and type of assistance: _____

Use the space provided to add any further information that you would like us to consider when determining financial assistance (employment status, unexpected hardships, etc.) Please add additional sheets if necessary.

VOLUNTEER OPPORTUNITIES

Recipients of Financial Aid are asked to volunteer for the club's GRIT Tournament as well as other volunteer opportunities. Please check one of the following and we will contact you to let you know how you can help.

____ Pre-season and post-season fieldwork such as removing/setting up nets.

____ Help with general field maintenance throughout the year

____ Fundraising/contacting businesses to fund our financial aid and field development programs.

____ Being a Team Manager ____ Securing and coordinating hotel reservations for tournaments.

Other (please specify) _____

Please complete this application in full and include the following documents:

- A copy of the first two pages on your 2019 filed federal tax return. If you have not yet filed your 2019 return, then please submit the first two pages of your 2018 tax return, along with copies of your 2018 W-2s. If financial aid is granted, then SCOR may request the 2019 tax return when it is filed.
- Any additional documentation that will demonstrate a need for financial aid.
All information provided with this application will be held in the highest confidence. All supporting documents will be destroyed once the amount of financial aid has been determined. Please blank out any social security numbers.

Scan and email this signed application and supporting documents to financialaid@scorsoccer.net

SCOR is prohibited from discriminating based on race, color, national origin, or sex.

Financial aid requests will not be considered without the requested documentation.

I certify that all of the above information is true and correct. I understand that this information is being provided as a method to assist SCOR in determining the level of financial assistance that may be awarded toward player fees for the 2018-2019 SCOR soccer season. I understand that monies provided through this application process will be used to pay player costs and will not pay for any supplemental expenses associated with participating in SCOR (travel expenses, team fees, uniform, etc.). I authorize the SCOR Executive Board to decide what financial assistance may be granted and/or track payments against an established payment plan. I understand that if I am awarded financial aid, I will keep my account in good standing. I will abide by GVSA's Respect Campaign, and SCOR has the right to revoke financial aid if I violate this code of conduct.

More information on Respect Campaign can be found at: <http://www.gvsoccer.org/respectcampaign.html>

Applications must be received by July 13, 2020 for ALL teams playing, including half season spring teams.

Email to: financialaid@scorsoccer.net

After careful consideration, the SCOR Executive Board will make final approval of all financial assistance requests. You will be notified by email when this process is complete. You are still expected to make initial payment by its due date. If applicable, a refund for the initial payment will be given based on the aid amount awarded.

Signature of Applicant or Co-applicant

Date