



**HARBOR FINANCIAL ASSISTANCE & DISCOUNT PROGRAM
FALL 2019/20 SEASON**

Supporting our mantra that any player that is identified as qualified and offered a spot on a team will not be denied due to financial reasons, Harbor Soccer offers an Assistance Program for youth soccer players who are in need of financial assistance in order to participate in Harbor Soccer. Each request is considered on a per season, case by case basis. All applications will be reviewed and subsequently approved for assistance if requirements are met. Harbor provides only partial fee assistance. A minimum deposit is REQUIRED on all player accounts and any remaining balance will remain the family's responsibility. Players receiving assistance must be signed up for the auto payment plans in Affinity using a valid debit/credit card or checking account. Awarded amounts will be added to your players Affinity account and lower the future monthly payments. Any account not kept current, will risk having any player card(s) associated with the account suspended and may forfeit the awarded financial aid.

Harbor Soccer has updated their program for the Fall 2019/20 season to better align with the guidelines in place for Peninsula School Districts Free and Reduced lunch program. If your player is already qualified for assistance through a local school district, the award letter may be submitted to the Treasurer in lieu of completing the income section of this application.

COMPLETE, sign and return this application to:

HARBOR SOCCER CLUB – treasurer@harborsoccerclub.com or

PO Box 1123, Gig Harbor WA 98335

by the applicable deadline below.

Only 1 form needed per household; Incomplete applications will not be considered.

Financial Assistance APPLICATION DEADLINES (emailed or postmarked):

U19-U16 Boys Premier – April 30, 2019

All Jr Academy + U15 Boys Premier – May 30, 2019

All Girls Premier – May 30, 2019

All Recreational Programs – July 31, 2019

Check Here if you received **Financial Assistance** last year

Check Here if qualified for **FREE** or **REDUCED LUNCH** and attach a copy of the award letter/notice.

1. List all registered players living with you that are playing in Harbor Soccer Recreational or Premier programs.

PLAYER'S LAST NAME	PLAYER'S FIRST NAME	DATE OF BIRTH	SCHOOL	GRADE
		/ /		
		/ /		
		/ /		
		/ /		

2. List the names of all other household members – Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL other Household members (do not include players listed above)	All Earnings, all types (before any deductions)	Weekly	Bi-weekly	2x monthly	Monthly
	\$				
	\$				
	\$				
	\$				
	\$				

3. Account Charge Authorization Form:

Card Type: MasterCard Visa Discover AMEX

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____ CVC 3 or 4 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. Confidentiality:

All information provided is for the sole purpose of helping Harbor Soccer Club determine which applicants will receive assistance. Assistance requests are strictly confidential and will not be shared with anyone other than the Treasurer. You are *REQUIRED* to follow the instructions below in their ENTIRETY for in order to be eligible for an assistance review. **NO INCOMPLETE APPLICATION** will be considered.

- ☉ Completed Financial Assistance Form (this form)
- ☉ Registration completed and 1st installment/minimum deposit paid
- ☉ Mail to: Harbor Soccer Club, PO Box 1123, Gig Harbor WA 98335 or
EMAIL to: treasurer@harborsoccerclub.com

5. Written Request for Assistance (Optional):

6. Contact Information & Signature – Complete, sign and return this application to: HARBOR SOCCER CLUB. In the event my family is awarded financial assistance, **I understand it will not cover all of the expenses related to Harbor Soccer.** I will be expected to pay the balance of the fees in full. I understand the Recreational Program Refund policy.

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 have read the above Program Description 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.

