

CAROLINA ELITE SOCCER ACADEMY

Financial Assistance Application-Fall 2004

It is the policy of CESA to provide soccer opportunities for all youth regardless of ability to pay to the extent funds are available. You must complete this form and show proof of household income to be considered for financial assistance. Attach 2003 Federal 1040 Form, and final paycheck stub or W2. **Any application, which does not include these forms, will not be considered for scholarship.** *Application deadline: May 17, 2004. Late applications will be considered only if funds are available.*

Financial assistance will potentially provide funds for **REGISTRATION FEES AND TRAINING FEES ONLY**. Opportunities to earn additional money will be provided by working as a referee (CESA will provide fee to attend referee class for player or for any member of the player's family) and also by participating in fund raising opportunities with "Zap a Snacks" and Scrip.

Return application in sealed envelope, marked PERSONAL AND CONFIDENTIAL to:

CESA
Attn: Pat
18 Boland Court
Greenville, SC 29615

Information in application will only be used in determining eligible candidates for financial assistance and will not be released.

-- Applicant Information --

Date of Application _____
Player's Name _____ Tryout Age Group _____
Parent's Name _____
Email Address _____
Home Address _____
City/Zip _____
Telephone (Home) _____ (Work) _____
Dependent Children _____

--Employment Information--

Are you currently employed? ___yes ___no
Employer's Name _____
Address _____
Position held _____
Length of time with Company _____

Is your spouse/significant other employed? ___yes ___no
Employer's Name _____
Address _____
Position Held _____
Length of time with Company _____

-- Financial Data--

** Applicant must provide acceptable means of proof of household income

Your monthly gross income \$ _____
Spouse's income \$ _____
Child support \$ _____
Other \$ _____ source _____
Total \$ _____

If you are currently receiving State or Federal aid, list all (ie. food stamps, medical aid, etc.)

Do you qualify for the school district's free lunch program? __yes __no

Do you (the parents) plan to travel to all out-of-town tournaments? _____

Please describe any special circumstances and why you should be considered for financial assistance:

Upon acceptance of financial assistance, applicant agrees to assist CESA with fundraising or other club functions as needed. I fully understand that should my employment or financial position change that I will contact CESA of such change.

Parent's Signature _____ Date _____

To be considered for financial assistance all applications must be complete

BE SURE TO ATTACH SUPPORTING DOCUMENTS, FEDERAL FORM 1040 & W-2 OR FINAL PAYCHECK STUB.

Deadline May 17, 2004

For office use only

Team Name _____ Team Treasurer's Name _____
Telephone Number _____

Amounts granted:
Registration Fee _____
Training fees _____