

Skyline Elite Soccer Club Financial Assistance Program

Purpose

The purpose of the Financial Assistance Program is to offer financial support to those participating families with the greatest need. Assistance is provided to qualifying applicants with differing levels of support depending on family income levels and demonstrated need. Skyline Elite Soccer Club welcomes all participants and hopes to remove barriers to participation whenever possible. It is Skyline Elite's wish to provide assistance so that qualified young players from all income levels may participate. Assistance is granted based on demonstrated need and the club's ability to fund the subsidy.

General Information

Financial assistance is applied to registration fees, only. Financial assistance does not apply to uniform or other soccer equipment expenses, tournament related expenses, travel expenses, or other expenses related to participation.

There is no full financial assistance available in Skyline Elite programs. All participants in these programs are required to contribute to fee payment. Differing levels of partial assistance are determined by family income thresholds.

There are three levels of assistance available to qualifying families. Need is determined based upon participation in government public assistance programs (School Nutrition Program or Free/Reduced Lunch Program, SNAP or TANF Benefits), or by documenting income within established limits. The qualifying limits used are those currently in place for the federally supported free and reduced meals programs in the public schools.

Application Deadlines for 2020/2021 Soccer Year - July 13, 2020

Financial assistance requests are considered for the full year of participation and total registration fees for that period.

Procedures

All applications for assistance must be made by completing a current Request for Financial Assistance form.

All requests will be reviewed by the Skyline Elite SC administrative staff with a determination made as soon as possible. Please allow a period of five business days for this review process.

Upon determination, applicants will have the option to:

- 1) Accept the offered financial assistance and pay for any remaining balance due.
- 2) Accept the offered financial assistance and pay the first installment of an agreed upon installment payment plan.
- 3) Decline the assistance and decline to participate.
- 4) Appeal for additional funding within five business days of original determination.

An appeal for additional funding does not guarantee nor imply additional funds will be provided. Additional funds are extremely limited. Each appeal must include all original documentation, a written narrative describing the need for additional funds, and any other documents that may support the request for additional funds.

The appeal will be reviewed by a committee of the Board of Directors. A determination and notice will be provided to the applicant as soon as possible. The applicant has an additional five business days to act upon the Committee's determination by either completing registration or declining to participate.

No player registration is considered complete until the applicant's share of the fee is paid, or full assistance is granted.

Documents Required

All applications must be accompanied by documentation of family income levels, this includes:

1. Copy of School Nutrition Program determination letter.
1. Most recent Form 1040, Federal Income Tax Return.
2. Four (4) most recent pay stubs from all household income earners.
3. Copies of any additional legal documents supporting the request for assistance.

All financial assistance request materials submitted are strictly confidential.

Skyline Elite Soccer Club - Request for Financial Assistance: 2020-2021

1. Family Information

Player 1 Full Name: _____ Date of Birth: ___/___/___
First Middle Last mm dd yyyy
Player 2 Full Name: _____ Date of Birth: ___/___/___
First Middle Last mm dd yyyy
Player 3 Full Name: _____ Date of Birth: ___/___/___
First Middle Last mm dd yyyy
Player 4 Full Name: _____ Date of Birth: ___/___/___
First Middle Last mm dd yyyy
Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email Address: _____

2. Program for Which Financial Assistance is Being Requested (check one):

_____ Skyline Elite U13: \$1,465 _____ Skyline Elite U14, U15: \$1,559
_____ Skyline Elite U16-U19: \$1,329 _____ Other: _____

Assistance Requested (check one): _____ Specific amount \$ _____ _____ Maximum Available

3. Parent/Guardian Information

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

4. Household Size (number of all persons living at the player's home): _____

5. Household Income Information

Father's Total Annual Income: \$ _____

Mother's Total Annual Income: \$ _____

Other Income Earners' Total Annual Income: \$ _____

Annual Child Support: \$ _____

Annual Alimony: \$ _____

Other Income: \$ _____

Total Household Annual Income \$ _____

6. Does the Player's Household Receive Federal School Nutrition Program Benefits (check one):

_____ Yes _____ No

If "Yes", a copy of your School Nutrition Program determination Letter must be provided.

If "No", provide a copy of the following documents with your Request for Financial Assistance:

1. Most recent Form 1040: Federal Income Tax Return.
2. Four (4) most recent pay stubs from all household income earners.
3. Copies of any additional legal documents supporting your request.

7. I certify that all information and materials provided in this request for financial assistance are true to the best of my knowledge.