



Northern Virginia Soccer Club Financial Assistance Application

This application must be completed by a parent or guardian and information provided is confidential and reviewed only by NVSC Board members and Office Staff. You must bring this and all information/paperwork to the NVSC Office to apply and register your player for the team you were offered. **Deadline is June 15th, 2018**

Today's date _____

1. Player's name _____ Age: _____ Team _____
2. Address _____ City _____ Zip Code _____
3. Father's name _____ Address _____ Phone _____
4. Father's employer _____ Gross monthly income _____
5. Mother's name _____ Address _____ Phone _____
6. Mother's employer _____ Gross monthly income _____
7. What is the gross monthly income from all other sources? _____
8. How many people live in the household and are dependent upon this income? _____
9. Does this player have any siblings playing Travel Soccer with NVSC? Yes _____ No _____

If yes in question 9, please list siblings playing Travel Soccer with NVSC

Name _____ Team _____

Name _____ Team _____

Name _____ Team _____

Submit the following information to the NVSC clubhouse:

Completed application.

Register online for the Travel Soccer program, pay the first installment payment of \$200.00.

Income verification documents.

Please note that applications will not be approved without the following required verification of income documents.

- € A copy of the past years IRS 1040. (Income tax return)
- € A copy of the Schedule C. (Income tax return for self-employed) **If applicable.**
- € Copies of pay stubs or other income verification for **all sources** of income for at least one full **current** month.
- € Verification of any government assistance you receive (**if applicable**).

I have read and agree to all the conditions listed in the Northern Virginia Soccer Club Financial Assistance policy. I understand I will forfeit any financial assistance if I do not follow all the conditions listed in the financial assistance policy and that late fees may apply if my co – payment is more than 10 days overdue. I further understand that if my financial assistance is deemed delinquent as a result of two late payments this year, I will not be able to apply for financial assistance next year.

I understand that I will be responsible for all other expenses not covered by financial assistance.

I understand that the player and family may be required to volunteer service hours for the club in order to receive financial assistance.

I affirm that all the information given on this application is true and correct.

Player's father or guardian signature

Date

Player's mother or guardian signature

Date

Player's signature

Date