



Financial Assistance Program

INTRODUCTION

The Financial Assistance Program (FAP) is a needs-based program aimed at ensuring ensure that players from financially challenged families and/or at-risk players are not prevented from training and playing soccer with Eagleclaw Football Club solely due to financial reasons.

POLICY: Our policy is that no player otherwise eligible to join Eagleclaw and who truly and demonstrably qualifies for financial assistance will be refused assistance. The financial assistance we provide is limited to Eagleclaw’s annual player fees for the Primary Academy and Advanced Academy and is provided in the form of a full or partial award.

The FAP is a limited program because Eagleclaw’s financial resources are limited. We want to help economically challenged players and families, but we do not have the economic ability ourselves to help every deserving player. Although Eagleclaw cannot fund every request, we will make every effort to help those families with legitimate needs to the extent funds and other resources are available.

The FAP operates on a “needs based” model. We will consider family income, family circumstances, the number of family members, potential number of players requesting financial assistance and available funds. Special circumstances will be taken into consideration. Large medical expenses not covered by insurance, loss of income due to illness or unemployment are taken into consideration. Be sure to include applicable issues in your written explanation submitted with your application.

IMPORTANT CONSIDERATIONS

- Eagleclaw is a non-profit corporation but has extremely limited resources.
- Financial aid is not available for clinic or ancillary programs.

- The FAP is **NOT** a way of allowing families to avoid paying for their player's soccer education and to use their disposable income in other ways.
- Families who are awarded and accept financial assistance must certify that they will pay all other expenses for their player and will participate in Eagleclaw's volunteer fundraising activities.
- Financial assistance awards have no cash value and are not transferrable or redeemable.

INSTRUCTIONS

Please reflect on your decision to apply for financial assistance. Consider carefully why you wish to apply for financial assistance, your ability to pay for your child's soccer education and resources that are available to you from your extended family. If through our own resources and/or those of your extended family you can afford to pay your player's annual fee at Eagleclaw, please do not apply. By not applying you will ensure our limited resources remain available for players and families who truly do not have the means to pay.

If you genuinely believe you need financial assistance, then please read and complete all requested documents on this application to be certain you meet all the qualifications and supply all the necessary information.

- To be considered, your application **MUST** be received by Eagleclaw's Executive Director at the address below. **Fill out the application completely.**
- Every effort will be made to maintain the confidentiality of your application.
- Attach a brief written explanation as to why you are requesting financial assistance and why you feel you may qualify. Please include the length of time you anticipate needing assistance from FAP. Without this information, your application may not be accepted.
- Please provide a copy of your latest Federal Income Tax return (1040) as verification of income and number of family members.
- A player's coach, our Director of Coaching and members of the Financial Assistance Program committee may be informed of the amount of assistance a player receives. Otherwise, your privacy will be carefully protected.
- Financial assistance is only provided with respect to Eagleclaw's annual player fees and not for any other Eagleclaw program. You are responsible for paying any and all other expenses including but not limited to uniforms, tournament fees, personal equipment (cleats, shin guards, etc.), travel expenses and other player fees, costs and expenses.
- If you are awarded financial assistance, you will be required to agree that (a) your player will remain an active participant in the club for the entire season and will not leave Eagleclaw to join another club, and (b) in the event that your player leaves Eagleclaw to join another club, you will be required to repay Eagleclaw for the full amount of the financial assistance award.

Mail or deliver your completed application in a sealed envelope to:

Financial Assistance Program
Eagleclaw Football Club
701 5th Ave, Suite 4400
Seattle WA 98104

Please make certain that you include the following as proof of financial need along with this completed application:

- Copy of the most recent Federal Tax Return(s) for all adults in the household.
- Proof of eligibility for free or reduced-price school lunch program or other financial assistance for school programs.
- Financial aid application and award statement from private/parochial school.
- Personal written statement of extraordinary circumstances that make it difficult to pay Eagleclaw's annual player fee.

Financial Assistance Program Application

Please type or print legibly

Player's Name: _____

Eagleclaw program your player is joining (check one):

- Primary Academy
- Advanced Academy
- Valencia Discovery Program

Player's Date of Birth : _____ / _____ / _____

Parent(s) or Guardian(s) Name: _

Mother:

Father:

Legal Guardian:

Player/Family Address:

City: _____ Zip: _____

Home Tel #: _____ Cell #: _____

Work Tel #: _____

E-mail Primary: _____

E-mail Secondary: _____

Father's Occupation: _____

Employer: _____

Mother's Occupation: _____

Employer: _____

Check total combined gross income from all sourced earned by all adults in your household last year (salary, child support, business income, etc):

Under \$25,000 \$25,001 – 35,000 \$35,001 – 45,000 \$45,001 – 55,000

\$55,001 – 70,000 Over \$70,000

Number of dependent children (under 18 living @ home): _____

If you have other dependent children currently enrolled and participating in any other soccer clubs or any other athletic programs, please provide the following information for each child:

Child 1:

Name: _____

Age: _____

Sport: _____

Name of sport club, team or organization:

Is the player receiving financial assistance from the sport club, team or organization?

Yes No

If the player is receiving financial assistance, please state the amount awarded:

\$ _____

May we contact the sport club, team or organization to verify the amount awarded?:

Yes No

Child 2:

Name: _____

Age: _____

Sport: _____

Name of sport club, team or organization: _____

Is the player receiving financial assistance from the sport club, team or organization?

Yes No

If the player is receiving financial assistance, please state the amount awarded:

\$ _____

May we contact the sport club, team or organization to verify the amount awarded?:

Yes No

Child 3:

Name: _____

Age: _____

Sport: _____

Name of sport club, team or organization: _____

Is the player receiving financial assistance from the sport club, team or organization?

Yes No

If the player is receiving financial assistance, please state the amount awarded:

\$ _____

May we contact the sport club, team or organization to verify the amount awarded?:

Yes No

Child 4:

Name: _____

Age: _____

Sport: _____

Name of sport club, team or organization: _____

Is the player receiving financial assistance from the sport club, team or organization?

Yes No

If the player is receiving financial assistance, please state the amount awarded:

\$ _____

May we contact the sport club, team or organization to verify the amount awarded?:

Yes No

Other Adults supported by household income: _

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Check other assistance the player's family receives (check all that apply)

Subsidized housing Food stamps Medical assistance

Free school lunch Reduced school lunch Other (describe)

I can afford to pay \$ _____ per month towards my child's soccer training and club fees.

I understand that applying for FAP is in no way construed as acceptance or guaranty to grant me financial assistance and aid has not been offered as an inducement to join the Eagleclaw Football Club. If I am awarded financial assistance, I understand I will agree to donate volunteer work time above and beyond what may be required of the general membership and participate in Eagleclaw Football Club's fundraising efforts, tournaments, or other volunteer programs to compensate Eagleclaw Football Club. I further certify that all statements and above information are true to the best of my knowledge.

PRINTED NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____

DATE: _____