



## Financial Assistance Guidelines

### Recreation and Competitive (Jr Academy, Select and Classic) Programs

It is the policy of TCYSA to provide soccer opportunities to all youth, regardless of the ability to pay, to the extent that Financial Assistance funds are available.

- Applications for financial assistance must be received by TCYSA by deadlines below.
  - Competitive Program Participants must apply by May 13<sup>th</sup>
    - Award notification will be announced by May 21<sup>st</sup>
  - Fall Recreation Program Participants must apply by July 15<sup>th</sup>
    - Award notification will be announced by July 23<sup>rd</sup>
  - Spring Recreation Program Participants must apply by January 15<sup>th</sup>
    - Award notification will be announced by January 23<sup>rd</sup>
  - Applications submitted after these deadlines for the particular programs will be reviewed periodically and award will be based on the availability of Financial Assistance funds.
- Financial assistance is not guaranteed from year to year.
- An application for financial assistance does not guarantee that assistance will be granted.
- For Competitive Programs, all families are required to pay the registration fee and acceptance fee portions of the TCYSA club fees to be accepted on a team. **These fees are not covered by Financial Assistance. No Financial Assistance will be awarded until these payments are received.**
- TCYSA provides financial assistance up to 80 percent of TCYSA fees based on demonstrated need. Families are expected to pay any remaining balance due according to TCYSA's regular club-payment schedule.
- **Any players with an unpaid balance from the previous year owed either to the club or their team will not be placed on a team, nor will their Financial Assistance application be considered, unless and until any balance is paid in full.**
- Financial assistance does not cover such personal items as uniforms or equipment.
- Parents must immediately contact TCYSA should their financial status change at any time during the season(s).

To ensure fairness for all applicants, the parent or legal guardian must provide TCYSA **ALL** the following:

- A fully completed Financial Assistance application (below)
- A copy of the most recent Federal Tax Form filed and Federal Extension Form filed (if applicable)  
PLAYER MUST BE A DEPENDANT ON INCOME TAX RETURN PROVIDED IN ORDER TO BE CONSIDERED FOR DUES ASSISTANCE.
- A copy of all W-2s or 1099 forms from all employed household family members
- A copy of the two most recent pay stubs for all employed family members
- A copy of any court orders regarding financial responsibility for this player, IF APPLICABLE

The application and supporting documents will be viewed only by the Financial Assistance Committee and will be held in confidence. Failure to submit proper documentation could result in immediate denial of your request. TCYSA reserves the right to discontinue financial assistance at any time if the information provided is found to be incorrect.

Families are expected to volunteer at least ONE (1) hour for every \$50 of Financial Assistance that is granted to their children in addition to the mandatory TWO (2) volunteer hours per year. This requirement can easily be met during tournaments, tryouts and other special events that TCYSA hosts.

Mail required documents to:  
TCYSA Financial Assistance  
P.O. Box 362  
Clemmons, NC 27012



## Financial Assistance Application

(Please Print Legibly)

### APPLICANT INFORMATION

Marital Status (Circle one) Married Single Separated Divorced

Father Name \_\_\_\_\_ Mother Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City, St, Zip \_\_\_\_\_ City, St, Zip \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_

### PLAYER INFORMATION (Must submit additional applications for additional players)

Check Applicable Box(es) of Anticipated Level of Play

Player Name _____	DOB _____	<input type="checkbox"/> Jr Academy	
Player Name _____	DOB _____	<input type="checkbox"/> Select	<input type="checkbox"/> Classic
Player Name _____	DOB _____	<b>OR</b>	
		<input type="checkbox"/> Recreation	<input type="checkbox"/> Fall Only
		<input type="checkbox"/>	<input type="checkbox"/> Spring Only
			<input type="checkbox"/> Fall & Spring

### FAMILY FINANCIAL INFORMATION

Annual Family Gross Income from ALL sources is \$ \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

### CHECKLIST

\_\_\_\_\_ COPY OF MOST RECENT FEDERAL INCOME TAX RETURN AND FEDERAL EXTENSION FORM FILED (IF APPLICABLE). PLAYER MUST BE A DEPENDANT ON INCOME TAX RETURN PROVIDED IN ORDER TO BE CONSIDERED FOR DUES ASSISTANCE.

\_\_\_\_\_ COPY OF ALL W-2S OR 1099 FORMS FROM ALL EMPLOYED FAMILY MEMBERS

\_\_\_\_\_ COPY OF THE 2 MOST RECENT PAY STUBS FROM ALL EMPLOYED HOUSEHOLD FAMILY MEMBERS

\_\_\_\_\_ COPY OF ALL COURT ORDERS REGARDING FINANCIAL RESPONSIBILITY FOR THIS PLAYER, IF APPLICABLE

### QUESTIONNAIRE

- WHAT OTHER INFORMATION OR SPECIAL CIRCUMSTANCES SHOULD BE CONSIDERED BY OUR FINANCIAL ASSISTANCE COMMITTEE?
  
- IN WHAT WAYS COULD YOU SUPPORT THE CLUB, OTHER THAN FINANCIALLY, IF FINANCIAL ASSISTANCE IS GRANTED TO YOUR FAMILY?

I certify that all information submitted is true to the best of my knowledge. I understand that this application does not guarantee assistance. I also agree to the guidelines set forth in this application if financial assistance is awarded.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date