



# Challenge Soccer Club

www.challengesoccer.com



## Financial Assistance Program Instructions & Application

The Financial Assistance Program (FAP) exists to try to ensure that players from financially challenged families and/or at risk players are not prevented from playing soccer in the Challenge Soccer Club for financial reasons. Though Challenge cannot assure that we will fund every request; every effort will be made to help those families with legitimate needs to the extent funds may be available. Please read and complete all requested documents on this application to be certain you meet all the qualifications and supply all the necessary information.

- ◆ Your application **MUST** be received by the FAP committee at the address below for consideration. The Board and committee meet monthly and will consider those applications submitted for that period.
- ◆ Fill out the application completely. Every effort will be made to maintain confidentiality.
- ◆ 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.
- ◆ The FAP generally operates on a “needs based” model, based on family income, number of family members, potential number of players requesting financial assistance and available funds.
- ◆ Special circumstances are generally the catalyst for funding under the FAP. 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.
- ◆ Please provide a copy of your latest Federal Income Tax return (1040) as verification of income and number of family members.
- ◆ Your Professional and Volunteer Coach/Manager and team treasurer, as well as the financial assistance committee, will be informed of the amount of assistance a player receives. Otherwise, your privacy will be carefully protected.
- ◆ You are responsible for paying any Club, training or team expenses, including uniforms, which are not covered by the financial assistance awarded.
- ◆ Mail or deliver your completed application in a sealed envelope to:

**Challenge Soccer Club, Inc.  
Financial Assistance Program  
16720 Stuebner Airline # 279  
Spring, Texas 77379-7319**

**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 for all adults in the household.
- Proof of eligibility for school lunch program or other assistance.
- Financial aid application and award statement from private/parochial school.
- Statement of extraordinary circumstances that make it difficult to pay Club fees and training costs.



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## Financial Assistance Program Application

Please type or print legibly

Player's Name: \_\_\_\_\_ Team: \_\_\_\_\_

U-\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Volunteer Coach/Manager: \_\_\_\_\_  
Professional Coach: \_\_\_\_\_

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

Player/Family Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
E-mail Primary: \_\_\_\_\_ E-mail Secondary: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Mother's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Under \$25,000 \_\_\_\_\_ \$45,001 - 55,000 \_\_\_\_\_  
\$25,001 - 35,000 \_\_\_\_\_ \$55,001 - 70,000 \_\_\_\_\_  
\$35,001 - 45,000 \_\_\_\_\_ Over \$70,000 \_\_\_\_\_

Dependent Children (under 18 living @ home): \_\_\_\_\_  
Other Adults supported by household income: \_\_\_\_\_

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

Subsidized housing \_\_\_\_\_ Free school lunch \_\_\_\_\_  
Food stamps \_\_\_\_\_ Reduced school lunch \_\_\_\_\_  
Medical assistance \_\_\_\_\_ other \_\_\_\_\_

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 Club. I agree to donate work time above and beyond what may be required of the general membership and participate in Club fundraising efforts, tournaments, or other volunteer programs to compensate the Challenge Soccer Club. I further certify that all statements and above information are true to the best of my knowledge.

\_\_\_\_\_  
Signature of applicant Printed name Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant Printed name Date: \_\_\_\_\_