



CAROLINA SOCCER CLUB
Fee Assistance Program Application
2011-2012 Soccer Season

Please complete the following information for consideration by the Fee Assistance Committee and the CRSC Executive Board.

Player(s) Information

1. Player #1's Name _____ 2. Gender (Circle One) M / F
3. Player Date of Birth (mm/dd/yyyy) _____ 4. Age Group _____
5. Player Address _____
6. TEAM Name _____ 7. Coach _____

Additional Player(s) seeking fee-assistance

8. Player #2's Name _____ 9. Gender (Circle One) M / F
10. Player Date of Birth (mm/dd/yyyy) _____ 11. Age Group _____
12. Player's Address _____
13. TEAM Name _____ 14. Coach _____

Parent(s)

15. **Father's Name** _____
16. Home Phone Number _____ 17. Cell Phone # _____
18. Father's email address _____
19. **Mother's Name** _____
20. Home Phone Number _____ 21. Cell Phone # _____
21. Mother's email address _____
22. **How many family members are supported by your household income?** _____
a. Number of Adults _____ b. Number of Children _____

23. **Circle the total gross income (before taxes) earned by all adults in your household during the last year:**

- a. Less than \$25,000 b. \$25,001- \$35,000 c. \$35,001- \$45,000
d. \$45,001 -\$50,000 e. More than \$50,000

24. **Does your family receive any of the following financial assistance? *Circle all that apply:***

- a. Subsidized housing b. Food Stamps c. Medicaid/NC Healthchoice
d. Free school lunches e. Reduced school lunches f. Workfirst
g. Disability

25. **Does the household receive child support from a non-custodial parent? Yes//No**

- a. **If YES**, please provide the amount of child support received for the previous year: \$_____

26. **Please attach two (2) of the following documents demonstrating evidence of financial need:**

- a. A copy of the most recent Federal and State tax returns for all adults in the household
b. Current paycheck stubs for all adults in the household (W-2 forms)
c. Proof of eligibility for free or reduced school lunch programs
d. Statement of financial circumstances that make it difficult to pay club fees

NOTE: Additional information may be requested.

By signing this application, I _____, state that the above facts are true to the best of my knowledge. I understand that Carolina Soccer Club will rely on these statements in making decisions on whether my child(ren) will be eligible for fee assistance.

Signature of Parent or Guardian

Date

Return to:
Carolina Soccer Club
Attn: Fee Assistance Committee,
6013 Hillsborough Street, Raleigh, NC 27606.

For Office Use:

Determination of Committee: Approved _____ Declined _____

Fall Registration Fee _____ Monthly Fees _____ Spring Registration Fee _____