



Southern Lehigh Soccer Financial Assistance Program

The Southern Lehigh Soccer Financial Assistance Program is designed to help those in true financial need. Financial Assistance is available for players playing exclusively for SLS. Applicants are asked to pay any affordable amount. It is expected that if the applicant can repay any or all of the monies received from the financial assistance program, they will do so to enable SLS to continue helping those who need financial help. If repayment is not possible, the family will be asked to assist the club in the form of volunteer time.

All applications will be held in confidence and will ONLY be reviewed by the Executive Board. Financial assistance recipients are required to re-apply every year, with the understanding that they might not receive financial aid each year.

ALL PORTIONS OF THIS APPLICATION MUST BE FILLED OUT IN ORDER TO BE CONSIDERED.

Name of Player(s) _____
_____ Team(s) _____

Parent / Guardian #1 _____ Home # _____

Address _____

Email address _____ Cell # _____

Employer: _____ Dates employed: _____

Gross Annual Salary: _____

Employer #2: (if applicable) _____ Gross Annual Salary: _____

Parent / Guardian #2 _____ Home # _____

Address _____

Email address _____ Cell # _____

Employer: _____ Dates employed: _____

Gross Annual Salary: _____

Employer #2: (if applicable) _____ Gross Annual Salary: _____

Applying for aid for:

Intramural: Y / N for ____ child(ren) total cost of program \$_____ applying for \$ _____ of aid

Travel Soccer: Y / N for ____ child(ren) total cost of program \$_____ applying for \$ _____ of aid

Other _____ for ____ children total cost of program \$_____ applying for \$ _____ of aid

Total amount of aid applying for \$_____

Reason for applying for financial aid. (lost job and date; on disability; seasonal worker; participating in a strike; illness in the family....) Please explain and be specific. Include dates where applicable.:

Repayment Schedule (if applicable/if able):

I will repay \$_____ every month for _____ months; Total amount of repayment \$_____

_____ I am willing to offer extra volunteer time to help the Southern Lehigh Soccer (check if applicable).

Please list volunteer activities of interest. _____

Authorization

By signing I am certifying that the information supplied on the application is true and correct to the best of my knowledge. I authorize the Executive Board for SLS to discuss this application in confidence, my individual and/or household information that may relate to my application for financial assistance. I understand that I may be asked to provide supporting documents, such as payroll stubs, tax returns, Public Assistance documentation, child support and or alimony receipts.

Applicant

Date