



MLS Elite Program Financial Aid Application – Instructions

Please complete form in full when applying for Financial Aid for the 2020-21 South Florida Football Academy **Please note that we have a limited amount of Financial Aid funds available**, therefore; we **may not** be able to **grant** you **the full amount requested**. To assist in paying your child's club fee we suggest parents attempt to solicit donations/sponsorships in part or in full from local businesses and/or family members. SFFA is a not-for-profit organization. Therefore, any such donations/sponsorships are tax deductible for businesses that make them. Please note that we can only offer a maximum 50% of the club fee in financial aid for those who qualify for aid. Also, Financial Aid **does not cover** the required deposit and/or tournament and travel fees.

In order to receive Financial Aid, Parents, and/or High School age players will be required **to provide a minimum of 50 hours of volunteer service** to SFFA. High School players can use these hours to satisfy their need for required community service hours. These hours can be completed during SFFA related events, during your child practices times, and may include a variety of activities associated with running the organization. **When you apply for the Financial Aid you will be assigned tasks (with specific date and time when you will have to help the club). After completing monthly service hours SFFA will issue you a credit on your account.**

Failure to complete these hours or refusing 3 consecutive requests to volunteer will result in the SFFA Finance Committee withdrawing any financial aid given and you will be responsible for full payment of all program fees.

Please fill out the attached form in its entirety. Attach a copy of last year's 1040 tax return). You need to submit a copy of a utility bill, and last year's report card for each child. The \$500 deposit to secure your child's registration **is not included in financial aid and must be paid. Payment arrangements can be made for the deposit amount.**

Please mail these forms to: SFFA FINANCIAL AID

**P O Box 880544
Boca Raton, FL
33488-0544**

Please Email these forms to: sffa_registrar@sffada.com

If you have any questions regarding this application or club financial matters in general please email sffa_registrar@sffada.com Thank you,



South Florida Football Academy

MLS Elite Program

Application for Financial Aid

Player's Name _____ Age Group: _____

Mother's or
Guardian's Name: _____

Father's or
Guardian's Name: _____

Home Address : _____
Street City Zip

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Family Size: _____

No. of Children in GBYSA/Boca Untied Programs/SFFA: _____

Please Explain Your Need for Financial Aid and/or any other relevant circumstances¹

¹ The SFFA Board of Directors reserves the right to request income verification before completing its review and taking action on any financial aid request. Information obtained from this application and/or the income verification process shall remain confidential and will be reviewed only by the SFFA Financial Aid Sub-Committee.



\$2300.00 –MLS Elite Program
Boys U12, U13, U14, U15, U16/17 & U18/19
(Maximum aid amount is 50%)

Non- Refundable Deposit \$ 500.00 (not part of financial aid request)

Balance \$ 1800.00

Amount **You Can Pay** \$ _____

Amount of Aid Requested \$ _____

How will payments be structured? _____

We (I) certify that to the best of my knowledge the above information is true and accurate.
We (I) understand and agree to the volunteer requirements associated with receiving financial aid.

Parent or Guardian Signature

Date

Mail form to: sffa_registrar@sffada.com

**DO NOT WRITE IN THIS SPACE
FOR SFFA BOARD USE ONLY**

Request Approved _____ Request Denied _____

Amount Requested \$ _____

Amount Approved \$ _____

Required Family Contribution \$ _____

SFFA Financial Aid Administrator

Date



\$2000.00 –MLS Elite Program HS
Boys U15, U16/17 & U18/19
PLAYING High School
(Maximum aid amount is 50%)

Non- Refundable Deposit	\$ 500.00 (not part of financial aid request)
Balance	\$ 1500.00
Amount <u>You Can Pay</u>	\$ _____
Amount of Aid Requested	\$ _____

How will payments be structured? _____

We (I) certify that to the best of my knowledge the above information is true and accurate.
We (I) understand and agree to the volunteer requirements associated with receiving financial aid.

Parent or Guardian Signature

Date

Mail form to: sffa_registrar@sffada.com

**DO NOT WRITE IN THIS SPACE
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Request Approved _____ Request Denied _____

Amount Requested \$ _____

Amount Approved \$ _____

Required Family Contribution \$ _____

SFFA Financial Aid Administrator

Date



Financial Aid Requested

I would like to volunteer for the following Tasks as part of my 50 Hour Community Service **REQUIRED** to receive the financial Aid I applied for.

- Field Lining (I will come to the fields to line the fields for games)
- I will come to my child's games one hour before the game to set up for said game.
- I will help the Administration with collecting paperwork for tournaments and away games.
- I will help with any events needing Volunteers
- I will help with clerical work, either helping in the office or at Registration and or soccer events.

I understand that I must complete 50 Hours Community service hours during the course of the 2020-21 Season to receive Financial Aide

Signature _____ Date