

ECNL and Travel Soccer Programs

Financial Assistance Application 2022-2023

ECNL Deadline for consideration: Friday, May 13, 2022 Travel Deadline for consideration: Wednesday, June 1, 2022

Dear Parents and Players,

Loudoun Soccer is committed to ensuring that all players have the opportunity to participate in our programs regardless of economic status. As such, Loudoun Soccer offers a Financial Assistance programto help qualified families offset Club fees. Financial assistance awards are for a single seasonal year, and must be applied for annually. Financial assistance covers Club fees only; families receiving financial assistance are expected to pay uniform fees (at a discounted rate) and team fees.

Eligibility for financial assistance is based primarily on verified family income; and, so all families applying for assistance must submit income information for verification purposes. For the 2022-23 season, the eligibility threshold is an annual gross family income of \$65,000. That said, other factors such as unemployment or financial hardship will be considered in cases where the threshold is not met, and must be outlined in detail on the application.

Recipients of financial assistance are requested to contribute volunteer hours to Loudoun Soccer, inproportion to the magnitude of their grant. Financial Assistance amounts are available as follows:

- 75-100%: The player family is responsible for 0-25% of the program fee, and are asked to contribute 20 hours of volunteer work across the 2022-23 season.
- 50-75%: Family covers 25-50% of the program fee, and contributes 16 hours of volunteer work.
- 25-50%: Family covers 50-75% of the program fee, and contributes 12 hours of volunteer work.
- 15-25%: Family covers 75%-85% of the program fee, and contributes 8 hours of volunteer work.

Please note that the Financial Assistance award will be a dollar amount, and the amount families have tocover will be stated with the award letter.

In order to be considered for financial assistance, applicants must supply <u>all</u> of the information requested on the following pages, even if certain information has been provided in the past. Incomplete applications will not be considered.

Application Process

Step 1: Completed applications must be submitted via email to the following address:

chris.stanley@loudounsoccer.com Director of Finance Loudoun Soccer

ECNL DEADLINE: Applications must be received by May 13 for consideration.

<u>Travel DEADLINE: Applications must be received by June 1 for consideration.</u>

Review & Award Process:

- Player must be accepted to a Loudoun Soccer team before financial assistance application will be reviewed.
- The Financial Assistance Committee will review completed applications (all support materials must be received for an application to be complete)
- The Committee will allocate funds to qualified recipients.
- Loudoun Soccer will notify applicants of their decision within 15 days of the application deadline.
- When guestions arise, Loudoun Soccer may reach out to applicants for additional information.

2022-23 Financial Assistance Application Form

Player Name		DOB	_ Gender(M / F)
Current Team	Coach		_ Age Group
School	· · · · · · · · · · · · · · · · · · ·		Grade
List additional members of househ Household Member	nold, including siblings: Relationship to Playe	r Loudou	n Soccer Player?
Please note any special circumstanecessary):	nces that should be taker	n into account (attach a	additional sheets if
	2022-23 Income Ve	rification Form	
Occupation(s) of Parent/Guardian	#1:		
Occupation(s) of Parent/Guardian	#2:		
Do you own or rent your home? _	Num	ber of wage earners in	household?
2021 gross household income (be	fore taxes) \$		
2020 gross household income (be	fore taxes) \$		
Has the player received Loudoun	Soccer financial assistanc	ce previously?	
If yes, when and for how much? _			
Number of years family has been	with Loudoun Soccer?		
For children attending private scho	ool, do you receive tuition	assistance?	
If yes, from where, and for how mu	ıch?		
Please include a copy of one of th	e following forms along w	ith your application:	
 2021 U.S. Federal Tax Re 2020 Federal Tax return a 2020 W-2 or 1099 Misc fo Proof of eligibility for Medi 	and 2019 extension requer rms for both parents/guar	st dians	pplicable)
I certify that the information on this up to date, to the best of my know the player forfeiting, repaying and	ledge. I understand that p	providing incorrect or fa	alse information may result in
Signature of Parent/Guardian			
Printed Name		Date:	

Financial Assistance Notification Form

Please fill out this form and submit it along with the financial assistance application form and income verification form.

Player Name	Γ	OOB	Gender (M / F)
Current Team	_Coach		Age Group
School			Grade
Mother's Name/Guardian Name			
(H) Phone (C)	Phone	Email	
Father's Name/Guardian Name			
(H) Phone (C)	Phone	Email	
Address where notification should be em	ailed:		
FOR LOUDO	OUN SOCCER USE	ONLY	
APPROVED: Financial Assistance	figure and explanation	ons follows:	
Financial Assistance amount awa	arded \$		
Family/player responsibility	\$	%	
Required volunteer hours	\$	%	
NOT APPROVED			
Reason:		····	
Decision Date:			
Approved by:		Date:	
Coach Signature:		Date:	