

Charlotte United FC 2017-18 Financial Assistance Request



Introduction

Each year the Charlotte United Board of Directors budgets a fixed amount of its financial resources for the sole purpose of providing financial assistance to player families in need. Please read through this document carefully. Each request will be carefully reviewed and the financial assistance offered will be based on the amount of money available, the number of requests submitted, and the total amount of assistance requested.

Procedure for Filing

1. All families applying for Financial Assistance for the 2017-18 soccer year MUST schedule a meeting with our office to meet with Mike King on either June 7th or June 14th to discuss your needs and our the financial assistance program and the requirements.
2. A parent or legal guardian must accurately complete all information on the Financial Assistance Application.
3. Attach copies of the following required documents (one set of documents per family):
 - o Copy of your 2016 Federal Income Tax Return
 - o W-2's for all employed family members
 - o Copies of your most recent payroll stubs for all employed family members
 - o Copies of any court orders regarding financial responsibility for this player
4. Complete one Player Application for each player within one family.
5. Some provided information may be subject to verification.
6. All attached forms and all required signed documents must be **COMPLETED IN FULL & presented at your assigned meeting with Mike King. Note: Failure to submit the proper documentation could result in an immediate denial of your request for financial assistance.**

Charlotte United Futbol Club
Attn: Financial Aid Committee
PO Box 49447
Charlotte, NC 28277

Qualifications and Conditions

1. Family members and players will be required to assist CUFC in various club activities if receiving financial assistance serving as volunteers.
2. Family members will be required to meet in person with Mike King to sign a Financial Assistance Contract that delineates payment requirements and volunteer responsibilities.
3. There must be a true, verifiable financial need.
4. The decision of the Financial Aid Committee is final.
5. Information contained in this application is considered confidential by Charlotte United Futbol Club, its Board of Directors, Financial Aid Committee Members, and members of the Charlotte United staff. The Application and included documents will be maintained in locked and secure locations at all time.
6. **All financial aid is applied to the total club fees due and does not include the mandatory non-refundable deposit of \$75.00. No Financial Aid can be awarded until the non-refundable deposit has been received.**
7. **Charlotte United Futbol Club offers financial assistance for Club Dues ONLY** and does not offer financial assistance for Team Dues or Uniforms. Team dues & uniform purchases are the sole financial responsibility of the parent or legal guardian of each player.

**APPLICANTS MUST BRING
COMPLETED FINANCIAL
AID PACKET TO THEIR
SCHEDULED MEETING**

FINANCIAL ASSISTANCE APPLICATION
Player Information



This application and all attached documents are confidential

Instructions:

Please fill in ALL information requested on this page below - **one form for each player**. Please note this request is for club dues **ONLY**. **Charlotte United does not offer financial assistance for team dues or a player's uniform which is ordered directly by parent through www.soccer.com**. The Alternate Payment Plan allows for monthly dues payments within certain parameters. If you are requesting aid for multiple children, please complete a separate first page for each child. The application must be completed in its entirety and include the required documentation. All financial aid is applied to the total fees due after payment of the mandatory deposit of \$75.00.

**Completed applications should be brought to your scheduled meeting on either
June 7th or June 14th at the CUFC offices.**

**Applications submitted after June 14th will not be accepted unless
special circumstances dictate.**

Player's Name _____
Last First Middle Initial Nickname

Age _____ **Date of Birth** _____ **Sex** _____

Parent or Guardian Name _____
Last First Middle Initial

Address _____
Street City State ZIP

Email Address _____

Home Phone _____ **Mobile Phone** _____

Type of Assistance Requested: Financial Aid _____ Alternate Payment Plan _____

Amount Requested \$ _____ **Player's GPA** _____

TO BE COMPLETED BY THE FINANCIAL ASSISTANCE COMMITTEE

Date application postmarked: _____

Date reviewed by committee: _____

Committee Decision: _____ *Timing* _____

Notice sent to applicant: _____

Financial Assistance Family Application

This application and all attached documents are confidential

Player #1 Name _____
Last First Middle Initial Nickname

Player #2 Name _____
Last First Middle Initial Nickname

Player #3 Name _____
Last First Middle Initial Nickname

Player (s) Live With: Father _____ Mother _____ Both _____ Other guardian _____

Father's Name: _____ Mother's Name: _____

Household Size (Number of People Living In Player (s) Home): _____

Number of family members playing with Charlotte United: _____

FAMILY ANNUAL INCOME	Actual 2016	Estimated 2017
Father's Salary \$	\$ _____	\$ _____
Mother's Salary: \$	\$ _____	\$ _____
Child Support: \$	\$ _____	\$ _____
Alimony: \$	\$ _____	\$ _____
Other Income: \$	\$ _____	\$ _____

PLEASE ATTACH THE FOLLOWING DOCUMENTATION:

- Complete copies of your 2016 Federal Income Tax Returns along with W-2's for all employed family members in support of "Actual 2016" column above.
- Copies of most recent 2017 payroll stubs for all employed family members, which reflect year-to-date earnings and support of "Estimated 2017" column above.
- Copies of any court orders (i.e. divorce papers) regarding financial responsibility and/or support for the player.

PLEASE LIST ANY SPECIAL CIRCUMSTANCES CONTRIBUTING TO YOUR NEED FOR FINANCIAL ASSISTANCE: _____

I certify that all materials supplied and statements made in connection with the submission are true to the best of my knowledge. I also agree to repay all financial assistance with volunteer hours at the Family Cup Festival, Under Armour Cup, and United Cup tournaments at a rate of credit for each hour worked.

Signed: _____ Date _____

Printed: _____