

CUFC Financial Assistance Request

Procedures for filing:

1. A parent or legal guardian must accurately complete all information on the application
2. Attach copies of the following required documents:
 - Copies of your 2009 Federal Income Tax Return
 - W-2's for all employed family members
 - Copies of your most recent payroll stubs for all employed family members
 - Copies of any court orders regarding financial responsibility for this player
3. Failure to submit the proper documentation could result in an immediate denial of your request
4. Questions regarding financial assistance should be emailed to neil.orrige@charlotteunited.com
5. **Send these forms and all required signed documents to the address below by MAY 12th 2010**

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

Qualifications & Conditions

1. Family members & players will be required to assist CUFC in various club activities serving as volunteers.
2. Family members will be required to sign a contract concerning payment requirements and volunteer responsibilities.
3. There must be a true, verifiable financial need.
4. A personal interview may be required of the applicant or a family member.
5. **The committee will render a decision by MAY 20th** and notify the individual making the request.
The decision of the Financial Aid Committee is FINAL.
6. Information contained in this application is considered confidential by the CUFC Board of Directors, Committee Members, Team Coaches & Managers and the applicants making the request.
7. All financial aid is applied to the total fees due and does not include the mandatory \$400.00 deposit. The deposit may be split into two \$200.00 payments for players receiving aid.
8. CUFC does not offer financial assistance for team dues. This is the financial responsibility of the parent or legal guardian.

**APPLICATIONS
MUST BE
POSTMARKED OR
DELIVERED BY
MAY 12th
TO BE CONSIDERED**



FINANCIAL ASSISTANCE APPLICATION

This application and all attached documents are confidential

Instructions: Please fill in the information requested below. Please note this request is for club dues ONLY. **Charlotte United does not offer financial assistance for team dues.** 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 and does not include the mandatory \$400.00 deposit. The deposit may be split into two \$200.00 payments for players receiving aid - \$200 due on June 1 and \$200 due on July 1.

Completed applications should be mailed to: Charlotte United Futbol Club, ATTN: Financial Aid Committee, PO Box 49447, Charlotte, NC 28277. Deliveries should be in a sealed envelope address to the Financial Aid Committee. For confidentiality reasons, faxes are not acceptable.

Applications submitted after May 12th will not be accepted unless special situations dictate. Application determinations will be made by May 20th. Since there are limited financial aid funds available, the Financial Aid Committee will review all completed applications on a first come, first served basis. Financial Aid will be awarded based on need.

Player's Name _____
Last First Middle Initial Nickname

Address _____
Street City, State & ZIP

Email Address _____

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 APPLICATION (CONTINUED)

This application and all attached documents are confidential

Player's Name: _____

Player Lives 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	<u>Actual 2009</u>	<u>Estimated 2010</u>
Father's Salary	\$ _____	\$ _____
Mother's Salary:	\$ _____	\$ _____
Child Support:	\$ _____	\$ _____
Alimony:	\$ _____	\$ _____
Other Income:	\$ _____	\$ _____

PLEASE ATTACH THE FOLLOWING DOCUMENTATION:

- **Complete copies of your 2009 Federal Income Tax Returns along with W-2's for all employed family members in support of "Actual 2009" column above.**
- **Copies of most recent 2010 payroll stubs for all employed family members, which reflect year-to-date earnings and support of "Estimated 2010" 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 United Cup & Julian Brown tournaments at a rate of credit for each hour worked.

Print Name

Signature

Date