



Appendix A

DAKOTA ALLIANCE
FINANCIAL ASSISTANCE
APPLICATION FORM

Player Last Name: _____ First Name: _____
Birth date: ___/___/___ Gender: M F (circle one) Team (U9-U19 or Rec): _____
Player's street address: _____
City: _____ Zip: _____ plus4 _____
Name(s) of parent(s) or guardian(s) at above address:

Email Address(s): _____
Player & parent/guardian home phone: (____) _____ other phone (____) _____

How many other children in this family, living in this household, are on DASC Soccer teams? _____

Are you applying for Financial Assistance for any of these other children? Yes No (circle one)
(To apply for additional children in the family, list each child's name & birth date on an additional page.)

How many adults _____ children _____ are supported by your household income?
Check total gross income (before taxes, inc. child support) earned by all adults in your household last year:
Under \$25,000 _____ \$25,001-\$35,000 _____ \$35,001-\$45,000 _____ \$45,001-\$50,000 _____
over \$50,000 _____

Check assistance the player's family receives (check all that applies):
_____ subsidized housing _____ free school lunch _____ food stamps _____ reduced school lunch
_____ medical assistance other _____

I'm applying for DASC fee Financial Assistance in the amount of \$ _____

Explanation: _____

"All statements in this application are true to the best of my knowledge.

Signature of applicant Printed name _____
Today's date: ___/___/___



INSTRUCTIONS

This program exists to create opportunities for athletes to participate in Dakota Alliance Soccer Club that might not be possible due to financial reasons. Please read and complete all information in this application to be sure you meet all the qualifications and supply all the necessary information.

The Financial Assistance committee **MUST** receive your application by **June 30th** or **October 31st** to be considered for any of the Competitive seasons.

For Financial Assistance requests for the Recreational season, there are no deadlines.

Fill out the application as completely as possible.

Attach a brief written explanation of why you are requesting a Financial Assistance and why you feel you may qualify. Without this information, your application cannot be accepted.

Individual awards will range in amount but will not exceed the budgeted amount determined by the Board of Directors each year. The amount of the award depends on need, family income, number of family members, and potential number of players per team requesting financial Assistance.

Special circumstances, such as large medical expenses not covered by insurance, loss of income due to illness or unemployment, etc. are also taken into consideration. Be sure that you include an explanation of this in your written explanation if you have circumstances like these that should be considered.

You are asked to provide copies of your latest Federal income tax returns as proof of income and family size.

The club treasurer and the Financial Assistance committee will be informed of the amount of Financial Assistance a player receives. Otherwise, your privacy will be carefully protected.

You are responsible for paying any team expenses not covered by the Financial Assistance.

We try to offer some assistance to everyone who has need, but budget limits may not allow us to give 100% of the Assistance everyone feels they need. If you need more help meeting expenses, payment plans can be discussed.

Please attach the following as proof of financial need along with this completed application:

- **copy of the most recent Federal tax returns for all adults in the household**
- **proof of eligibility for school lunch program or other assistance**
- **financial Assistance application and award statement from private/parochial school**
- **statement of extraordinary circumstances that make it difficult to pay the club, winter training and coaching fees**