

SC United FC - Mount Pleasant Application for Financial Assistance

The SC United FC Mount Pleasant believes all children should have the opportunity to play soccer, even those who have genuine challenges meeting the financial commitments of playing for SC United FC - Mount Pleasant. A parent/applicant must complete this Application for Financial Assistance form and attach a copy of their required 2010 Federal 1040 Tax Form along with the two pay stubs for wages received within the last 60 days. All applicants must submit full financial data. The Scholarship Committee will review your request and will contact you to discuss the various options available to you. Aid, either in the form of scholarships or alternate payment plans, will be awarded based on need and the Club's ability to fund the Financial Aid program. **Any Application for Financial Assistance that does not include the required forms of pay stubs will not be considered for Financial Assistance. Please complete both pages of the Financial Assistance application.**

Instructions:

Fall Season Applications for Financial Assistance must be submitted prior to **June 15th, 2011.**

Spring Season Applications for Financial Assistance must be submitted prior to **November 15th, 2011.**

The parent/applicant will be notified of the Scholarship committee's decision prior to the registration deadline.

Mail the Application form and tax/payroll documents in an envelope marked "Confidential" to: SCUFC – MP
PO Box 946
Mount Pleasant, SC 29465

Please use second form if applying for more than THREE players.

----Household----

Father's Name _____ Mother's Name _____

Address _____

Home Phone _____ Cell Phone _____

Email (please print legibly) _____

Player lives with: Father () Mother () both () Other Guardian () Name of Other _____

1st Player's Name as it appears on Birth Certificate _____

Academy or Select Program, Age Group/Team _____

D.O.B. _____ Sex: M or F

Player lives with: Father () Mother () both () Other Guardian () Name of Other _____

2nd Player's Name as it appears on Birth Certificate _____

Academy or Select Program, Age Group/Team _____

D.O.B. _____ Sex: M or F

Player lives with: Father () Mother () both () Other Guardian () Name of Other _____

3rd Player's Name as it appears on Birth Certificate _____

Academy or Select Program, Age Group/Team _____

D.O.B. _____ Sex: M or F

Player lives with: Father () Mother () both () Other Guardian () Name of Other _____

Household size (people living at player's home) _____ Number of family members playing for SCUFC-MP _____

List other persons living at this address:

First/Middle/Last Name _____

First/Middle/Last Name _____

First/Middle/Last Name _____

Are you currently employed? Yes _____ No _____

Employer's Name _____

Address _____

Position Held _____

Length of time with Company _____

Is your spouse/significant other employed? Yes _____ No _____

Employer's Name _____

Address _____

Position Held _____

Length of time with Company _____

--Parent/Applicant Financial Data--

Do you have any additional income not listed on the required 2010 Federal 1040 Tax form? No____ Yes____
 If yes, please list Type and Amount_____

Are you currently receiving Federal or State Aid? No____ Yes____
 Please list (i.e. Food Stamps, Medical Aid, etc)_____

If the child/player is not listed as a dependent on the required 2010 Federal 1040 Tax Form, please explain
 Why _____

Please explain why the parent/applicant should be considered for Financial Assistance and explain any special
 circumstances to be considered: _____

Have you received Financial Assistance from SCUFC-MP before? _____
 If yes, please list each season received _____

Family Annual Income	Actual 2010	Estimated 2011
Father's Salary		
Mother's Salary		
Child Support		
Social Security (Parent or Child)		
Alimony		
Other Income		
Total Adjusted Gross Income from Tax Return:		

PLEASE ATTACH THE FOLLOWING DOCUMENTATION:

- Complete copies of 2010 Federal Income Tax returns along with W-2s and 1099s for all employed family members in support of "Actual 2010" column above. If an extension has been filed, a copy of the IRS extension form must be submitted with W-2s and 1099s.
- Copies of most recent 2011 payroll stubs for all employed family members, which reflect year-to-date earnings and support "Estimated 2011" column above.

I certify that all materials supplied and statements made in connection with the submission of this application are true to the best of my knowledge. The parent/applicant fully understands that should their employment or financial situation change that SC United FC - Mount Pleasant will be notified of such change. Parents of players receiving financial assistance are required to participate in the Club with fundraising or other club functions. The parent/applicant also agrees that should partial or no Financial assistance be granted, the parent/applicant will pay the remaining balance due for registration and coaching fees prior to participating and pay the team fees in equal monthly payments.

By my signature below I understand that: Information obtained in this Application for Financial Assistance will be used only in determining eligible candidates for Financial Assistance and will not be released. **If all required information is not sent in with this application, your child/player may not be considered for Financial Assistance this season.**

If you need to speak to a Club representative regarding your application, please contact Kim Masten kim.masten@scunitedmountpleasant.com or 843-810-3278.

 Print Name

 Signature

 Date