



2021/2022 Player Financial Assistance

A limited amount of player assistance grants are available for families that submit completed applications and qualify based on financial need.

- The Player Assistance Committee and the North Coast Futbol Club Board will make all decisions about awards of financial assistance (up to a maximum of \$500 per player). Additionally, North Coast Futbol Club may match receipts of up to \$400 raised by participating in personal or club player assistance designated fundraisers. Documentation is required for submission and request for matching funds.
- Financial assistance will be applied towards monthly fees and/or the acquisition of uniforms. Registration fees are not covered by financial assistance.
- The Scholarship Committee will keep information submitted and any financial assistance granted in strict confidence.

Instructions to Apply for Player Assistance

1. Complete application form with all requested information and sign form.
2. **Parents must commit to work the required number of volunteer hours on club activities over the season. Failure to fulfill the volunteer hour commitment can result in forfeiture of any assistance funds in the future and holding of player pass. Funds will be distributed contingent on a proportionate percentage of volunteer hours being completed as follows:**
 - **2 Parent Families:** 5 hours total by September PA deposit, 10 hours total by December PA deposit and 15 hours total by May PA deposit.
 - **1 Parent Families:** 4 hours total by September PA deposit, 7 hours total by December PA deposit and 10 hours total by May PA deposit.
3. Attach documentation of income (either authorization for reduced-price/free school lunch program or first page of last-year's tax return). Paycheck stubs are not sufficient documentation.
4. Put application and documentation in sealed envelope, mark for "Player Assistance Committee", and give to the Player Assistance representative at registration.
5. Ask your Team Coach and/or Team Manager to submit a brief statement of support to the Player Assistance Committee.

PLEASE COMPLETE BOTH SIDES OF THE FORM

All submitted information will be kept confidential, Player Assistance Committee will make decisions, and all applicants will be notified of the results 60 days of acceptance.

North Coast Futbol
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2021-2022 Season

Confidential – Application for Player Assistance -- Confidential

Note: This application requests assistance with monthly training fees and/or uniform costs only.

Player Information

Player Name: _____ Age/Gender: _____

Team Name: _____ Team Coach: _____

School & Grade: _____

Prior teams in NCFC (yrs/team names/coaches): _____

Parent/Guardian Information

Resident Parent or Guardian Name(s): _____

Street address: _____

Telephone: _____ Mobile: _____

E-mail: _____

Children in Family

Name Age Soccer Team Other Sports School & Grade

1

2

3

4

Evidence of financial need

Does family have single or multiple incomes? (Please identify generally what kinds)

Do children receive free or reduced-price lunches at school?

How much of monthly fees can be afforded?

How much financial aid in total is requested?

Please state reasons (in less than 100 words) for requesting financial aid (attach additional sheet if needed):

Certification by Parent or Guardian with whom player resides

- I/We agree to comply with all terms of the North Club Futbol Club financial aid policy.
- I/We agree to work at least the club mandated volunteer hours.
- I am/We are hereby applying for financial aid from North Coast Futbol Club to benefit the player named above.
- I/We certify that all information submitted in and with this application is truthful and accurate.

****Please attach a copy of either authorization for reduced/free lunch program or front page of this year's tax return.***

Date: _____

Printed Name: _____ Signed: _____