

## **WCWAA Financial Assistance Request**

All information provided for financial aid consideration will be deemed confidential by WCWAA soccer Board of Directors.

**Current outstanding balances with WCWAA Soccer must be addressed before the application can be considered. Please contact Margie Lugibihl at [Margie.lugibihl@wcwaasoccer.org](mailto:Margie.lugibihl@wcwaasoccer.org)**

Please be aware that coaches and team managers ARE NOT informed of applicants request for aid.

Procedures for filing:

1. A parent or legal guardian must accurately complete all information on the application.
2. Questions regarding financial aid should be emailed to Financial Assistance at [financial.assistance@wcwaasoccer.org](mailto:financial.assistance@wcwaasoccer.org).
3. Send the attached completed and signed application to the address noted within the instructions by June 30, 2023.
4. All applicants will be notified by the email provided on the application. If no email is available, we will attempt to contact applicants by phone by July 24, 2024.

Qualification & Conditions

1. Current outstanding balances with WCWAA Soccer must be addressed before the application can be considered.
2. Responsible parties may be required to volunteer for WCWAA.
3. There must be true financial need.
4. The decision of the Financial Aid Committee is final.
5. Financial aid may be applied to remaining dues but does not include commitment fee or team fees (unless requested), uniform expenses, spirit wear, additional requested training or additional tournaments and expenses that the team decides to attend.
6. Responsible parties must sign financial contract pertaining to any remaining fees.

## WCWAA Financial Assistance Application

This document and all attached documents are confidential.

**Instructions:** Please fill in the information below. If you are requesting financial aid for multiple children, please complete the form for each child. The application must be completed in its entirety for consideration. **If you have not already submitted the \$300 commitment fee, it must be included with the application.**

Completed applications should be mailed to WCWAA Soccer, Attn Financial Aid Committee, PO Box 79252, Charlotte, NC 28271-7061. **All envelopes need two (2) first class stamps.** Applications without proper postage will not be accepted. Deliveries should be in a sealed envelope. For confidentiality reasons, faxes or emails are not accepted.

There are limited financial aid funds available, the Financial Aid Committee will review all completed applications and make awards based on need.

The information below must match the player registration information at [www.wcwaasoccer.org](http://www.wcwaasoccer.org).

Player's Name \_\_\_\_\_  
Last Name First Name

Team \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email address \_\_\_\_\_

### Amount of Assistance Requested

- Registration Fee  
 Other Amount Requested \_\_\_\_\_

### We will volunteer for

- Registration

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 for WCWAA: \_\_\_\_\_

Number of family members playing for other organizations: \_\_\_\_\_


## Qualification Information

There are three steps regarding financial aid qualification, please read all three and answer appropriated.

### Step 1:

My child(ren) receive reduced school lunches  Yes  No

My child(ren) receive free school lunches  Yes  No

If you qualify for free or reduced lunch program and can provide a copy of the award letter from the school or school district office, you are NOT required to complete step 2,  and go to step 3.

### Step 2:

	Actual 2021	Estimated 2022
Total Family Annual Income	_____	_____
Unemployment	_____	_____
Alimony/Child Support	_____	_____
Other types of verifiable income	_____	_____

Please provide proof of current three months of pay stubs with year to date figures or recent tax statement.

### Step 3:

Please list any special circumstances contributing to your need for financial assistance:

\_\_\_\_\_

\_\_\_\_\_

I certify that all information supplied and statements made in connection with this request are true to the best of my knowledge.

Print name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_