

## USF Real Financial Assistance



USF Real, Inc. is a nonprofit, youth soccer organization. It is our organization's mission to provide the opportunity, structure, and support for young soccer athletes to excel in sportsmanship, scholarship, teamwork, and service. In doing so, USF Real uniquely develops athletes who are leaders in our community.

USF Real recognizes that some families may need financial assistance in order for their children to participate. To meet this need, USF Real provides a limited amount of financial assistance. The number of players receiving aid and amount of financial assistance varies depending on available funds. Fairly applied guidelines are used, assistance is based on financial need not player ability, and a completed Financial Assistance Application with supporting documentation is required. All applicants are treated similarly regardless of gender, race, color, creed, religious belief or sexual orientation.

The Finance Committee will review:

- 1) Household verified income.
- 2) Extreme family events – recent divorce, death, job loss and the like.
- 3) Number of siblings in USF Real.
- 4) The Federal Low Income Guidelines are used to rank applicants and to award funds on a most needed basis.

Besides financial need, other criteria the Finance Committee will consider:

- 1) Has the family/player fulfilled its previous financial commitments to USF Real? Any previous monies owed for the applicant or any family member must be paid in full prior to any assistance being considered.
- 2) To what extent has the family/player been involved with USF Real?
- 3) If the family/player received financial year in the previous year, did the family/player meet its volunteer requirement?

Other considerations will be based on input into the coach regarding the following:

- 1) Is the player regularly at practices and games on time?
- 2) Does the player consistently meet the Player Code of Conduct?
- 3) Do family members comply with the Parent Code of Conduct?

Volunteer hours are required for families/players receiving financial assistance. Players 12 years old or older are allowed to assist in fulfilling the volunteer responsibilities of the family, if the task is appropriate for the player's age.

# USF Real Financial Assistance Application

## 2018-2019 Season

Fall season requests due: August 1, 2018

Spring season requests due: December 2, 2018



### Player Information

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Date of Birth

\_\_\_\_\_  
Street Address City IN Zip Code

### Parent/Guardian #1 Information

\_\_\_\_\_  
Name (\_\_\_\_\_) Phone

### Parent/Guardian #2 Information

\_\_\_\_\_  
Name (\_\_\_\_\_) Phone

Other children registered with USF Real:

\_\_\_\_\_  
\_\_\_\_\_

In the past year, did your family receive financial aid from any of these programs?

- Free or reduced price school lunch       Temporary Assistance for Needy Families (TANF)
- Indiana Medicaid

Families/players receiving financial assistance are required to volunteer for USF Real. In the past year, describe any volunteer activities your family was involved in on behalf of USF Real:

\_\_\_\_\_  
\_\_\_\_\_

Indicate the areas your family is willing to help with this season:

- Winter Lock-In       Dairy Queen Event       Lunch & Movie Event
- Supplement Tryouts       Summer 2019 Tryouts

Please complete this application in full for each child for whom you are requesting financial assistance and include the following documents:

- 1) A copy of the first two pages of your most recently filed federal tax return. (Only one set is needed even if you are submitting applications for more than one child.)
- 2) Any additional documentation that will demonstrate a need for financial aid.

All information provided with this application will be held in the highest confidence. Redact all Social Security numbers. Once financial assistance has been determined, your supporting documents will be destroyed.

USF Real has limited funds for financial assistance. Your honesty in completing this application will ensure these funds are allocated to those families most in need.

I affirm that all information provided in this application is true and complete to the best of my knowledge.

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Signature

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Printed Name

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Date

**Scan and email your application and documentation to: [finance.usfreal@gmail.com](mailto:finance.usfreal@gmail.com).**

Revised 6/9/2018