



USF Real

**Financial
Assistance**

Dear Parent/Guardian,

USF Real is a nonprofit self-supporting competitive travel soccer organization which is a result of a travel program merger between NP United, Strikers FC and ESSA/Indy Force. The club is entirely financed by fees, fund raising, and donations.

The USF Real Board of Directors believes the opportunity to play should not be determined solely by a family's ability to pay and sets aside a limited number of financial assistance spots each season. The number of spots is determined annually based upon budget constraints. Full or partial assistance can be requested, **though all recipients will be required to pay a minimum fee.**

Instructions for Applying

All applicants must fully complete a USF Real Financial Assistance Application, including supporting documentation, by:

July 31st for the Fall or both seasons
February 28th for the Spring only

First, print the USF Real Financial Assistance Application and complete Part 1, Part 2 and sign the form. Be sure to provide copies of all wage verification documents.

Next, either scan and email the form(s) and wage verification documents to the USF Real Finance Committee at finance.usfreal@gmail.com or mail the information to:

USF Real – Financial Committee

Scholarship Application
1547 North State Street #176
Greenfield, IN 46140

Please direct any questions regarding scholarships to finance.usfreal@gmail.com. We hope this information is helpful to you.

USF Real Soccer Club



USF Real

Financial Assistance Application

Program Description:

USF Real Soccer Club offers a fee assistance program for youth soccer participants, who are in need of financial assistance, in order to play soccer in the USF Real Travel Program. Eligibility is determined seasonally for club fees only. One application needs to be completed per family but all children playing and their division should be listed. The amount of assistance given to each player is determined on an individual basis, though all scholarship recipients will be required to pay **at least a minimum fee**.

***Additional volunteer time is expected by USF Real for families receiving financial assistance.** Families will be informed of the different volunteer opportunities at the beginning of each season by letter or e-mail. This could include working additional shifts in the concession stand, assist in maintaining the fields for opening and closing of seasons, or other assignments identified by the USF Real Board of Directors or the Director of Coaching and Player Development.

Confidentiality:

All information is for the sole purpose of assisting the USF Real Financial Committee to make financial assistance decisions. Family information is **strictly confidential** and will not be shared with anyone other than the USF Real Board of Directors.

Only completed applications with supporting documentation will be considered by the USF Real Financial Committee. Applications can be scanned and emailed to finance.usfreal@gmail.com or mailed to:

USF Real Financial Committee

Scholarship Application
1547 North State Street #176
Greenfield, IN 46140

Part One:

Player Applicant(s): _____

Team Name: _____

Home Address: _____

City: _____ Zip Code: _____

Person completing form: _____

Relationship to applicant: _____

Email: _____

Reason for requesting financial assistance: _____

Part Two:

All information must be completed below.

Player Applicant(s): _____

List all living in the household (including all adult/children):

1)	4)	7)
2)	5)	8)
3)	6)	9)

List all individuals and relationship to applicants who are working in the household:

- 1) _____ Relationship:
- 2) _____ Relationship:
- 3) _____ Relationship:
- 4) _____ Relationship:

* Monthly Income (wages): \$ _____ (two most current and consecutive pay stubs)

* Unemployment: \$ _____

* Public Assistance: \$ _____ (Food Stamps, SSI, and Disability)

*** Indicates supporting documentation must be included**

Total Amount Requested: \$ _____ (Minimum fees will apply)

I certify and affirm the above information is correct and complete to the best of my knowledge. I agree to inform USF Real Soccer Club of any changes in my income, family size, or ability to pay. I understand incomplete information will jeopardize eligibility for financial assistance. I understand USF Real, its Board of Directors, coordinators, coaches, volunteers and team managers; make no promise or assurance of financial assistance. Determination is based on several factors and by the USF Financial Committee.

Applicant Signature Date

Part Three (Club use only):

Amount awarded by USF Real: \$ _____

Parent/Guardian Contribution:

\$ _____ (\$ _____ per month _____ months)

Finance Committee Signature Date