



REQUEST FOR FINANCIAL ASSISTANCE

Information

The purpose of financial assistance through the AHFSH Youth Soccer Financial Assistance Program is to allow children an opportunity to participate on a club team, who, but for financial assistance, would not have an opportunity to play. The families for whom such assistance is available are those families suffering an extreme financial hardship, generally of an extraordinary (or short-term) nature.

Families at or below the U.S. published poverty income level (the 2025 level is \$32,150 for a family of four), or families who were above this level during the past year but have met with an extraordinary financial situation, may apply for assistance. *Note: The **maximum** award will not exceed 60% of the total registration fee.*

The following information must be provided (*incomplete applications will not be considered*):

- 1) Completed application (form is attached)
- 2) Most recent federal income tax return
- 3) Paystubs for recent two months for both parents
- 4) Explanation as to reason financial assistance is sought, as well as an overview of financial situation (investment value, home value, etc.) *Note: property tax appraisal information will be considered.*
- 5) Any additional information that may be requested by AHFSH.

NOTE: The FILING of a financial assistance application in no way guarantees an award by the Club. Available financial assistance is limited, and all financial assistance awarded is at the absolute discretion of AHFSH. All fees, net of any financial assistance expressly received, are due to AHFSH.

Important Dates:

July 1, 2025: Financial assistance applications are due

Completed applications should be sent to: Alamo Heights – Fort Sam Houston Youth Soccer, ATTN: Financial Assistance Committee, PO Box 6776, San Antonio, Texas 78209 or by email to: operations@ahfsh.org. Completed applications must be received by the application deadline; incomplete or late applications will not be considered.

July 15, 2025: Award letters will be forwarded to applicants



FINANCIAL ASSISTANCE APPLICATION

Player Name(s) for whom financial assistance is sought: _____

Parent Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone: (home) _____ (work) _____ (mobile) _____

Email address: (important) _____

Indicate number of children registering for each:

_____ Recreational _____ Recreational Academy ("Fire Junior")
_____ Fire (with professional trainer)

Check One: Military Registrant _____ Civilian Registrant: _____

How many children do you have playing in the AHFSH league? _____ Ages: _____

How many children do you have playing in other soccer or athletic leagues? _____

League Name(s) _____

Is financial assistance provided from any of these leagues to the family? Y/N

Average monthly household income: \$ _____

Does your family receive Federal School Lunch Program assistance? Y/N

If you receive financial assistance, in which of the following are you willing to assist the league as a volunteer? Please check the appropriate task(s):

_____ Field preparation _____ Concessions
_____ Coaching _____ Other (explain) _____

Comments (please use back if necessary): _____

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