



## Financial Assistance Application Packet

PO Box 4229  
El Dorado Hills, CA 95762

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The El Dorado Hills Soccer Club (EDHSC) financial assistance program is open to all players in our club, and is designed to help players in need. To be eligible for financial assistance, an applicant must be an El Dorado Hills resident. All financial assistance is evaluated and granted based on need, and the applicant's commitment to volunteer time to this organization. This application is not a guarantee of financial assistance.

Applicants are requested to pay an affordable amount. If your financial circumstances improve, we request the applicant to repay some or all of the monies going forward, as to allow EDHSC to continue helping players in need.

The applicant must complete the enclosed application in full no later than May 15, 2019 including the following:

- a) Completed **Financial Assistance Application**
- b) Signed **Financial Assistance Agreement**

All information submitted to EDHSC will be held in confidence and will be viewed strictly by the designated EDHSC Board Members. A separate request is required for each player, and filing an incomplete application may result in being declined for financial assistance. Financial assistance recipients are required to re-apply each year.

Upon the conclusion of the current soccer season, the enclosed **Verification of Service Form** must be completed and returned no later than December 1, 2019. This form records agreed hours of service to the club, per player, during the current soccer season. Volunteer opportunities may be as a coach, assistant coach, team parent, field preparer, and/or other volunteer roles to satisfy your service.

The enclosed Financial Aid Application Packet for the 2019 EDHSC playing season must be completed and returned no later than May 15, 2019 to [treasurer@edhsc.org](mailto:treasurer@edhsc.org).

Have a great soccer season.

*Jeff Dietrich*  
Treasurer, EDHSC  
El Dorado Hills Soccer Club



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### FINANCIAL ASSISTANCE APPLICATION

#### Player Information

Player Name \_\_\_\_\_ Player Birthdate: \_\_\_\_\_

Player Age Group, Gender (example U10B) \_\_\_\_\_

Name of School Attending (during season): \_\_\_\_\_

#### Parent/Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email \_\_\_\_\_

#### Financial Information

Annual Household Income: \$ \_\_\_\_\_ # of Dependents (including yourself): \_\_\_\_\_

Federal, State, and/or Local assistance anticipated in current year: \$ \_\_\_\_\_

Explanation of Hardship: \_\_\_\_\_

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

Has this player or other players in your family received assistance from EDHSC in previous years? If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Amount of Assistance Requested From EDHSC: \$ \_\_\_\_\_

Are you willing to volunteer your time to EDHSC: Yes \_\_\_ No \_\_\_

How many hours are you able to commit to EDHSC, and in what capacity would you prefer to volunteer: #of Hours \_\_\_\_\_ Capacity \_\_\_\_\_



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### FINANCIAL ASSISTANCE AGREEMENT

I, \_\_\_\_\_ (applicant), parent of \_\_\_\_\_ (player), certify that all of the submitted information is true and correct. I understand that any false statements on this application shall be considered sufficient cause for disqualification from funding assistance. I understand any financial assistance granted by El Dorado Hills Soccer Club (EDHSC) will for the \_\_\_\_\_ (year) soccer season. I understand that the information provided herein is strictly to assist EDHSC in evaluating the level of financial assistance granted to each player.

I understand that funds granted through this application process will be utilized to pay EDHSC registration fees and/or uniforms, and will not pay for any supplemental expenses associated with participating in club events, such as travel expenses, professional training expenses, etc.

I understand and agree to fulfill the financial assistance requirements to volunteer an agreed hours of service to the El Dorado Hills Soccer Club, in repayment for fees for my player. I understand that the date, time, location, and type of service must be approved by an EDHSC Board Member. I have received a verification of service form, and I will submit the completed form, signed by a member of the Board of Directors, to the Club Treasurer, by December 1, 2019. I understand that failure to submit the completed form may result in me being required to pay back the financial aid, and being denied financial aid in the next season.

I authorize EDHSC Board members to review and discuss this application, including all personal information provided herein.

I understand that I will be contacted if I am accepted for assistance, and that assistance may be either a full or partial award.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Applicant Name \_\_\_\_\_

The enclosed Financial Aid Application Packet for the \_\_\_\_ (year) EDHSC playing season, must be completed and returned no later than May 15, \_\_\_\_ (year). It can be mailed to the address listed above or emailed to [treasurer@edhsc.org](mailto:treasurer@edhsc.org).

### **OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Approved/Rejected: \_\_\_\_\_

Reason: \_\_\_\_\_

Financial Assistance Amt.: \$ \_\_\_\_\_ Applicant's Responsibility: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_ Date Notified: \_\_\_\_\_



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### VERIFICATION OF SERVICE FORM

#### Player Information

Player Name \_\_\_\_\_ Player Birthdate: \_\_\_\_\_

Player Age Group, Gender (example U10B) \_\_\_\_\_

#### Parent/Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email \_\_\_\_\_

Description of service \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have completed \_\_\_\_\_ hours of volunteer service for the El Dorado Hills Soccer Club.

Parent signature \_\_\_\_\_

Name of board member \_\_\_\_\_

Signature of board member \_\_\_\_\_

This form should be completed, signed by the parent and board member, and submitted by December 1, 2019, to:

Treasurer  
El Dorado Hills Soccer Club  
PO Box 4229  
El Dorado Hills, CA 95762