

Impact SC | Financial Assistance Program

Dear Parent/Guardian,

Impact SC is a nonprofit self-supporting competitive travel soccer organization. The club is entirely financed by fees, fundraising, and donations.

The Impact SC Board of Directors believes the opportunity to play should not be determined solely by a family's ability to pay and sets aside a budgeted amount for financial assistance each season. Financial assistance can be requested, although all applicants will be required to pay a minimum amount.

Instructions for Applying

All applicants must fully complete and submit the Financial Assistance Application, including supporting documentation by: **June 20, 2025 or as soon as possible after receiving an offer to play for the club.**

After fall supplemental tryouts, the application is due by: November 8, 2025

IMPORTANT:

Please note that all aged players can apply for financial assistance by June 20, 2025. Those who wait until November 8, 2025 to apply for financial assistance could miss out on receiving assistance since scholarships are limited. Also, be mindful that waiting until November to apply will make monthly payments higher since payments will begin in January, which leaves only a few months to the end of the season to pay the remaining balance.

Steps:

First, print the Financial Assistance Application and complete Part 1 and Part 2, then sign the form. Be sure to provide **all wage verification documents** and **any government assistance documents**.

Next, scan and email the form(s) and wage verification documents to Laura Rodebeck, Irodebeck@indianaimpactsc.com.

Please direct any questions regarding financial assistance to Laura Rodebeck, Irodebeck@indianaimpactsc.com We hope this information is helpful to you.

Impact Soccer Club
Financial Assistance Application

Program Description:

Impact 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 Impact SC 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.

***Additional volunteer time is expected by Impact SC 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 Impact SC Board of Directors or the Director of Coaching and Player Development.

Confidentiality:

All information is for the sole purpose of assisting the financial committee in making financial assistance decisions. Family information is **strictly confidential** and will not be shared with anyone other than the Executive Director and the Impact financial committee.

Only completed applications with supporting documentation will be considered by Impact SC. Applications can be scanned and emailed to Laura Rodebeck at lrhodebeck@indianaimpactsc.com

Part One:

Player Name: _____

Team Name or Coach: (ex: 2011 Boys Elite/Coach Bobby Holden) _____

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.

Name of Player Applicant: _____

List all dependents living in the applicant's household (including all adults/children):

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

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

- 1) _____ Relationship
 - 2) _____ Relationship
 - 3) _____ Relationship
 - 4) _____ Relationship
- Have you registered your player in Playmetrics for the new season? _____

**Weekly or Bi-Weekly Income(wages) \$ _____ per _____ Week/Every Two Weeks (circle)

**Monthly Unemployment amount: \$ _____

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

(Two most current and consecutive pay stubs must be included)

****Indicates supporting documentation must be included**

I have volunteered for this club in these ways in the past (circle roles):

Coach Manager Tryout Volunteer Field Maintenance
Other (please describe) _____

I am willing to volunteer for the club in these ways in the future:

Coach Manager Tryout Volunteer Field Maintenance
Other (please describe) _____

We use the information provided to help determine the amount awarded. Please include any other information that will help the committee:

I certify and affirm the above information is correct and complete to the best of my knowledge. I agree to inform Impact 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 Impact SC, its Board of Directors, coordinators, coaches, volunteers and team managers make no promise or assurance of financial assistance. Determination is based on several factors, including needs-based.

Parent/Applicant Signature

Date
