



FISHERS SOCCER CLUB



Travel Player Financial Assistance Deadlines 2011-2012

Deadline for Submission of Financial Assistance Application	June 22nd, 2011
Notification of Decision on Financial Assistance Application	June 29 th , 2011*
Notification for Applications Submitted after Deadline	7 days after submission
Option to Switch to the Rec Program	June 30, 2011**
Finalizing Uniform Orders	June 30, 2011

*For those applications submitted by the application deadline.

**Extended deadline available only for financial assistance applicants.

Note: *Financial assistance awards shall be adjusted off of the registration fees. Therefore, financial assistance applicants should not register their children following tryouts until after receiving notification of the decision on their applications.*

Registrar: registrar@fisherssc.org

Uniform Coordinator: uniformcoordinator@fisherssc.org



Fishers Soccer Club Policy and Procedure



TRAVEL Player Financial Assistance Application

Travel financial assistance applications must be submitted by no later than 7 days following the final night of scheduled tryouts. The official submission date is defined as either the postmark date or the date on which the document was hand-delivered to either the FSC Registrar or to another member of the FSC Financial Assistance Committee.

All applications must be submitted with a copy of the free/reduced lunch approval, dated within the past 12 months. Any applications submitted without this, will not be considered.

All players who submit this application must complete the GIRLS scholarship application or financial aid request form for CIYSL.

All fields must be filled out. Incomplete applications will not be considered.

Date of Application: _____ Age Group of Player: _____ Boys/Girls

Has applicant applied for financial assistance in the past? Yes/No

Does applicant currently play for Fishers SC? (Circle one) Travel Rec

If current FSC Travel player, Team Name: _____

Player Name: _____

Parent(s)/Guardian(s) Name: _____

Applicant Address: _____

Applicant E-mail: _____

Applicant Phone Number: _____

Do you qualify for free or reduced lunch program? Yes/No

I, (*print parent/guardian name*) _____, the parent of (*print player name*) _____ give permission to a representative from Fishers Soccer Club to submit a copy of the Free/Reduced Lunch approval to S.P.O.R.T.S. for the purpose of possibly being awarded a scholarship up to the amount of the full year recreational soccer fee for my player's age group. If a scholarship is awarded, it will be forwarded to Fishers Soccer Club and my player's account will be credited the amount. An email notifying me of the award and the application to the player's account will be sent. Additionally, by signing below, I am agreeing that all confidentiality agreements that apply to the Fishers Soccer Club Financial Assistance Policy and Procedure apply to this document and all additional documents supplied to support the submission for the S.P.O.R.T.S. scholarship. I understand that it is optional that I submit this document and the supporting documents to Fishers Soccer Club and that in no way will it affect my player's eligibility to play.

Parent Signature: _____

Date: _____

Please mail this document **and the Free/Reduced Lunch approval letter that has been received in the past 12 months.** If you are unable to locate your copy, please contact Faye Waugh at the HSE Administration Building at 317-594-4100.

Mail to:
Fishers Soccer Club
ATTN: Registrar
PO Box 129
Fishers, IN 46038

Fax to:
317-245-2212



Fishers Soccer Club Policy and Procedure



Financial Assistance Acknowledgement of Policy

I certify that all information provided by me in this request for financial assistance is true and accurate, and that FSC may request additional clarifying information during the application evaluation process. _____(initial)

I understand that I must complete the FSC application in its entirety and also submit along with the FSC application all information necessary for consideration for a scholarship from the applicable league (i.e Players on girls teams must also complete the GIRLS application in its entirety and submit it along with the FSC application and players on boys teams must submit information for CIYSL explaining the basis for the financial assistance request and submit this along with the FSC application). _____(initial)

I understand that applying for financial assistance is not a guarantee of approval. _____(initial)

In accordance with Fishers Soccer Club policy, I understand that, if approved, FSC will provide financial assistance for no more that 50% of the registration fees. _____(initial)

I understand that if my request is approved, I shall be required to pay at least one quarter of the travel registration fees at the time of registration. I also understand that my remaining balance, if any, shall be payable in accordance with the payment chosen during the registration process. _____(initial)

I understand that if my application for financial assistance is not approved, and I still choose to participate in the program, I shall be responsible for the full fee. I understand that I must pay, at the minimum, the first installment payment at the time of registration. I understand that I shall be responsible for paying any remaining balance under the installment plan by the due dates agreed upon during the registration process. _____(initial).

I understand that uniform fees and ancillary costs are my responsibility and must be paid by the requisite due dates in accordance with FSC policies. _____(initial)

I understand that failure to complete the agreed upon volunteer and fundraising requirements may be cause for the player to be removed from the team and not allowed to participate until the requirements have been met. _____(initial)

I understand that late payments shall be cause for player suspension from the FSC Travel program and revocation of the player's IYS player pass until such time that all fee obligations have been satisfied and the reinstatement has been processed. _____(initial)

I understand that I must reapply each year for financial assistance. I also understand that an award one year does not entitle me to financial assistance the following year, even if my circumstances are unchanged. _____(initial)

Confidentiality

Information contained in this request for financial assistance is for the sole purpose of assisting the FSC Financial Assistance Committee, and the applicable league, in making fair and accurate decisions regarding financial assistance. Requests are strictly confidential and will not be shared with anyone that is not directly involved with the financial assistance request/review/approval process. I understand that FSC will apply to the applicable league for financial assistance on my behalf. As such, I give FSC permission to forward my application to the league in order to be considered for financial assistance.

