



Fishers Soccer Club Policy and Procedure



Section IV. FSC Financial Assistance Policy

1.0 Financial Assistance

Fishers Soccer Club (FSC) believes in providing a quality soccer experience at all age levels and capabilities for a reasonable cost. While we believe that our fee structure is competitive, we recognize that for some, this fee may be prohibitive. Therefore, FSC has adopted a financial assistance policy that we believe to be fair and appropriate. Although we do not wish to see any interested, qualified child refused an opportunity to participate because of cost, we also realize that not all applications can be approved, and we will use discretion when analyzing financial assistance.

1.1 Determination of Need

Applicants are required to submit the FSC Financial Assistance Request Form, and outline in as much detail as possible the basis for financial assistance. All applications shall be reviewed by the Financial Assistance Committee and shall be approved by the FSC Board of Directors.

2.0 Recreational Division Financial Assistance

Financial assistance shall be made available to participants in the recreational division. Financial assistance shall be in the form of single season or full year, based on the registered status of the player. Recreational division financial assistance is addressed by the Southeastern Program of Recreational Team Sports (SPORTS). Recreational players requesting financial assistance should contact SPORTS representatives during registration.

3.0 Travel Division Financial Assistance

Financial assistance shall be made available to participants in the travel division. Financial assistance shall be in the form of base fees only, and shall be awarded on demonstration of need. The base fee is defined to be the fee amount excluding additional training costs. Teams that have additional training costs are those designated as Red Select.

The maximum dollar amount awarded annually for financial assistance shall be 15% of the prior year profits from the Halloween Classic Tournament. Any funds not allocated for a given year will roll over to be available for the next year.

In general, FSC shall consider granting financial assistance for an amount of no more than 50% of the base fee. FSC will apply to the respective boys and girls league scholarship funds on behalf of the applicant for the remaining balance of the base fees.

Ideally, the FSC financial assistance application should be submitted to the club via mail to the PO Box identified on the attached form prior to scheduled tryouts. However, applications may be submitted after tryouts but may not be approved if available funding has already been allocated. When submitted, the application must be accompanied by a check payable to Fishers Soccer Club in the amount of \$50. If the application is approved, the balance, less assistance



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amount, is due upon notification. If not approved, the full remaining balance is due at the time of registration unless a payment plan has been requested and approved.

Uniform fees shall not be considered for financial assistance, and the cost of the uniform shall be the responsibility of the participant.

All applications must be submitted, with the identified minimum payment, by the 2nd night of player tryouts, as posted annually.

3.1 Volunteering In Lieu of Payment

Volunteering as payment of registration or uniform fees shall not be permitted. All financial assistance applicants are required to participate in the standard travel division volunteering requirements. However, as a contingency of financial assistance, the applicant will be required to volunteer for an additional amount over the standard travel division requirement. Failure to complete the agreed upon volunteer requirements may be cause for the player to be removed from the team and not allowed to participate until the requirements have been met.



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**Fall applications must be received prior to travel tryouts
All applications must be submitted with a check for \$50 toward the FSC registration fee.**

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

Date of Application: _____

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

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

If current FSC travel player, Team Manager's Name: _____
Team Manager's Email: _____
Team Manager's Phone: _____

Applicant Name: _____

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

Applicant Address: _____

Applicant E-mail: _____

Applicant Phone Number: _____

Employed Full-time/Part-time Receive Unemployment? Yes/No
Do you own or rent your home? _____ Number of persons living in household _____
Number of wage earners in household _____ Do you qualify for free or reduced lunch program? Yes/No

Signature: _____

Signature acknowledges acceptance of financial assistance requirements
if approved by FSC Board of Directors.

Return this completed form, along with the \$50 application fee, in person on the 2nd night of tryouts, or mail to the following address prior to tryouts. All applications MUST be received by the 2nd night of tryouts for consideration.

Fishers Soccer Club
PO Box 129
Fishers, IN 46038

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 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, the remaining balance of registration fees, along with any additional team training fees and uniform fees are my responsibility and must be paid in accordance with the FSC Registration Policy. _____(initial)

I understand that if approved for financial assistance, I will be required to volunteer time and/or services to FSC that are in addition to the normal parent/guardian volunteering requirements. _____(initial)



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I understand that if my application for financial assistance is not approved, I have the option for forgo participation and receive a refund of the payment made at registration, or participate in FSC and accept responsibility for the remainder of the registration fees. If I choose to participate, payment in full or the first payment under the payment plan will be due. Those fees will be payable when I am formally notified. _____(initial)

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

Confidentiality

All information contained in this request for financial assistance is for the sole purpose of assisting the FSC Board of Directors in making fair and accurate decisions regarding financial assistance. FSC has established a financial assistance budget and will approve requests based on the need of the applicants. These requests are strictly confidential and will not be shared with anyone that is not directly involved with the financial assistance request/review/approval process.

Description of Financial Aid Request

(Describe in as much detail as possible the reason for financial aid request)