



Altoona Soccer Club  
Financial Assistance Application

The Altoona Soccer Club Financial Assistance Program is designed to help those in financial need for the Select Soccer Program. It is the goal of the Altoona Soccer Club to turn no one away because of the inability to pay. This application is not a guarantee of financial assistance. All financial assistance is granted on a sliding fee scale based on income and need. ASC has a limited amount of financial assistance funds available, so we may not be able to fund everyone who applies. Applications will be reviewed on a first come, first served basis. Financial assistance recipients are required to re-apply every year.

Applicants will be required to pay any amount deemed affordable. If your application is approved, you will be asked to serve in a volunteer capacity to assist the Altoona Soccer Club during your child's season of play. Failure to do either may result in your child being removed from a team and denial of future financial assistance.

You need to complete the application in full and attach a copy of your most recent tax return, as well as any other proof of public assistance if presently receiving. Filing an incomplete application may result in a reduction or denial of financial assistance.

All information submitted will be held in the strictest confidence and will be reviewed by the Altoona Soccer Club board. Written notification by email will be sent to you once assistance determination is made.

Financial assistance applications must be postmarked by **Saturday, July 15th** for the fall 2017 - spring 2018 soccer seasons.

Please mail all applications and required supporting documents to:

Altoona Soccer Club Select  
P.O. Box 225  
Altoona, Iowa 50009



Altoona Soccer Club  
Scholarship Application

**Player Information:**

Child's Name 1. \_\_\_\_\_ Age: \_\_\_\_\_  
Child's Name 2. \_\_\_\_\_ Age: \_\_\_\_\_  
Child's Name 3. \_\_\_\_\_ Age: \_\_\_\_\_

**Parent Information:**

**Mother:**

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phones: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Occupation: \_\_\_\_\_

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If unemployed, source of income: \_\_\_\_\_

**Father:**

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phones: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Occupation: \_\_\_\_\_

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If unemployed, source of income: \_\_\_\_\_

**General Information:**

How many people live in the home (9-12 months a year)? \_\_\_\_\_

How many children under 18 live in the home? \_\_\_\_\_

How many play for the Altoona Soccer Club? \_\_\_\_\_

What is your annual household income (from all sources)? \_\_\_\_\_

Do you receive any local, state, or federal assistance and if so,  
what? \_\_\_\_\_

Special circumstances the Altoona Soccer Club should be aware of that pertains to your request  
for financial assistance (recent hardships, job loss, etc). Please explain:  
\_\_\_\_\_

**References:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that all of the above information is true and correct. I understand that false statements on this application shall be considered sufficient cause for disqualification from funding assistance.

I authorize the board of the Altoona Soccer Club to discuss this application and my individual and/or household information that may relate to my application for my financial assistance in an effort to make a determination of need and monies granted.

I understand that I am responsible to 1. Pay the full amount remaining for the program once financial assistance has been awarded, 2. Volunteer my time where agreed upon during the soccer seasons, and 3. Re-apply every June in order to continue to be considered eligible for future financial assistance.

I understand that I must supply a copy of my most recent tax return and any other supporting documentation (public assistance, child support, etc).

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Mail Forms to:  
Altoona Soccer Club Select  
P.O. Box 225  
Altoona, Iowa 50009

<b>FOR OFFICE USE ONLY</b>	
Date Received: _____	Approved _____ Denied _____
Reason _____	
Scholarship Amount: _____	Recipient's Responsibility: \$ _____
Approved By: _____	
Date Notified: _____	

