



NUSC Recreational Financial Assistance Grant Application

Please read carefully and complete all the items below to be considered for a NUSC financial assistance grant. **All applications should be emailed to nuscprogramsfinancedirector@gmail.com.**

Player Information:

Name: _____

Address: _____

Date of Birth: _____ Boy/Girl ____

Age Group Division: _____

Parent or Guardian Name(s) _____

Parent or Guardians' address, if different from player's address:

Phone Number(s): _____

E-mail Address: _____

Confidential Financial Information:

Employment Status: Full Part-Time Receiving Unemployment

Do you own or rent your home? _____

Number of adults in the player's household: _____

Number of wage earners in household? _____

Number of children (under age 18) in the player's household: _____

Number of years with NUSC: _____

Number of siblings in NUSC: _____

Have you requested assistance before? Yes No

Amount your family can afford to pay **per month** for soccer: \$_____ / month

Do you qualify for any other public assistance program? _____ If yes, please describe:

The following documents are acceptable as verification of your household income. Please indicate which one you are providing as part of your application:

- ___ Current Proof of Eligibility for Free or Reduced Lunch Program
- ___ Current Proof of Eligibility for Subsidized Housing
- ___ Current Proof of Eligibility for Food Stamps
- ___ Current Proof of Eligibility for Medicare/Medicaid
- ___ Current Proof of Eligibility for Unemployment
- ___ Current Proof of Single Parent with limited to no child support

