



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 e-mailed to info@noblesvilleunited.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

Comments:

Please feel free to write in the space below any additional information that may assist the NUSC Financial Assistance Committee in evaluating your financial need.

Please read and initial next to each statement below.

____ I certify all the information on this application is true and correct, all required financial documents are attached.

____ I understand that after review of my application, the Financial Assistance Grant Committee may determine I am responsible for a portion or possibly full payment of the 2016 NUSC club fees for recreational soccer.

____ I understand I am requesting financial assistance from NUSC that will waive some portion of the club fees. If I am approved for this financial grant, I will support NUSC with service hours. Volunteer participation will be considered in granting financial assistances.

_____ Date
Parent Signature

To be completed by the NUSC Financial Assistance Committee:

Approved _____ Denied _____

If approved, amount granted: \$ _____

Date Parent Notified ____/____/____

Date Applied to their Balance ____/____/____