



## 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](mailto: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.

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**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 2023 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.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**To be completed by the NUSC Financial Assistance Committee:**

Approved \_\_\_\_\_ Denied \_\_\_\_\_

If approved, amount granted: \$ \_\_\_\_\_

Date Parent Notified \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Applied to their Balance \_\_\_\_/\_\_\_\_/\_\_\_\_