

# CAROLINA ELITE SOCCER ACADEMY

## Financial Assistance Application-Fall 2004

It is the policy of CESA to provide soccer opportunities for all youth regardless of ability to pay to the extent funds are available. You must complete this form and show proof of household income to be considered for financial assistance. Attach 2003 Federal 1040 Form, and final paycheck stub or W2. **Any application, which does not include these forms, will not be considered for scholarship.** *Application deadline: May 17, 2004. Late applications will be considered only if funds are available.*

Financial assistance will potentially provide funds for **REGISTRATION FEES AND TRAINING FEES ONLY**. Opportunities to earn additional money will be provided by working as a referee (CESA will provide fee to attend referee class for player or for any member of the player's family) and also by participating in fund raising opportunities with "Zap a Snacks" and Scrip.

Return application in sealed envelope, marked PERSONAL AND CONFIDENTIAL to:

CESA  
Attn: Pat  
18 Boland Court  
Greenville, SC 29615

Information in application will only be used in determining eligible candidates for financial assistance and will not be released.

---

### -- Applicant Information --

Date of Application \_\_\_\_\_  
Player's Name \_\_\_\_\_ Tryout Age Group \_\_\_\_\_  
Parent's Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Dependent Children \_\_\_\_\_

---

### --Employment Information--

Are you currently employed? \_\_\_yes \_\_\_no  
Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Position held \_\_\_\_\_  
Length of time with Company \_\_\_\_\_  
  
Is your spouse/significant other employed? \_\_\_yes \_\_\_no  
Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_  
Length of time with Company \_\_\_\_\_

**-- Financial Data--**

\*\* Applicant must provide acceptable means of proof of household income

Your monthly gross income \$ \_\_\_\_\_  
Spouse's income \$ \_\_\_\_\_  
Child support \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_ source \_\_\_\_\_  
Total \$ \_\_\_\_\_

If you are currently receiving State or Federal aid, list all (ie. food stamps, medical aid, etc.)

Do you qualify for the school district's free lunch program? \_\_yes \_\_no

Do you (the parents) plan to travel to all out-of-town tournaments? \_\_\_\_\_

Please describe any special circumstances and why you should be considered for financial assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Upon acceptance of financial assistance, applicant agrees to assist CESA with fundraising or other club functions as needed. I fully understand that should my employment or financial position change that I will contact CESA of such change.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be considered for financial assistance all applications must be complete**

**BE SURE TO ATTACH SUPPORTING DOCUMENTS, FEDERAL FORM 1040 & W-2 OR FINAL PAYCHECK STUB.**

**Deadline May 17, 2004**

*For office use only*

Team Name \_\_\_\_\_ Team Treasurer's Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Amounts granted:  
Registration Fee \_\_\_\_\_  
Training fees \_\_\_\_\_