



Impact Soccer Club Jose "Neto" Corona Financial Aid Fund

OVERVIEW

The Impact Soccer Club – Neto's Fund: A scholarship program intended to provide opportunities for financially disadvantaged youth players to participate in soccer programs to honor the memory of Jose "Neto" Corona.

Considered one of the best young Impact soccer players, 16-year-old Neto was well-respected by coaches and other players for his amazing soccer skills and his absolute passion on the field. Fighting terminal cancer, he chose to spend the last months of his life playing soccer with his team rather than have debilitating treatments with little hope of being cured. He was a much-beloved member of the team, our Club, and the Brentwood/Oakley soccer community. We continue Neto's legacy of dedication in pursuit of excellence and with his love of the beautiful game.

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CRITERIA – Parent(s) or legal guardian(s) of qualifying Impact Soccer players may apply for Neto's Fund.

- **Player's account MUST not have any past due balances from either previous years or from current year.**
- Player must register for current year and **pay an initial deposit of \$150 (u8-u11), \$175 (u12-U19), or \$185 (NPL)** prior to their application being considered.
- **Balance of fees must be paid by:**
 - **Automatic online payment plans** having automatic monthly deductions from a credit/debit card.
 - Families not able to make credit/debit card payments **MUST provide the initial deposit PLUS no more than four (4)** pre-written checks to be deposited by the Club on future dates as agreed to by Impact Treasurer.
- Application **MUST** be submitted with **PROOF OF EARNINGS**. Proof of earnings may include:
 - the most recent signed copy of Federal Income Tax filing, or
 - current paycheck stub(s), or
 - unemployment or disability verification, etc.

The Neto's Fund Committee will consider all applications properly submitted. All awards are subject to Impact Board approval and availability of funds. **Notification will be made to the applicant within 30 days of receipt of application WITH ALL supporting documents.**

Award approval does not guarantee full payment of a player's registration fees. Impact Soccer Club Neto's Fund is a limited award fund. Award amounts will be determined by the number of applicants and available fund totals.

Neto's Fund awards are needs-based, per total family income. Additional hardship and merits are considered:

- Recent hospitalization or major illness of primary wage earner
- Player performance/potential
- Years with club

Financial aid awards are applied towards registration fees only. Uniform costs, tournament fees, or other expenses are not eligible.

VOLUNTEER HOURS REQUIRED - Neto's Fund recipient families must provide **ten (10) hours of volunteer service to the club**, per player awarded. Volunteer hours must be verified by the Impact Volunteer Coordinator or representative Board Member. Team functions such as fundraising, team parties, carrying the team benches, etc. **DO NOT** count.

Upon approval of Neto's Fund award, an amount equal to one-half of the award will be credited to the player's payment account immediately. The 2nd half of the award will be credited to the player's account AFTER completion of ten volunteer hours are verified.

All financial aid requests will be held in the strictest of confidence by the Impact – Neto's Fund Committee and the Impact Board of Directors.



**EDYSL/Impact Soccer Club
Jose "Neto" Corona Financial Aid Fund**

Submit completed application to:
Impact – Neto's Fund Committee
415 Beatrice Court, Suite D
Brentwood, CA 94513

Please submit this application and provide PROOF OF EARNINGS for consideration.

Player's Name: _____ Date of Birth: _____
Address: _____ Age: _____
City: _____ Zip: _____ Gender: [circle one] M F
Home Phone: _____

Parent/Legal Guardian #1 Name: _____
Address: _____ Home Phone: _____
City: _____ Zip: _____ Cell Phone: _____
Employer: _____ Work Phone: _____

Parent/Legal Guardian #2 Name: _____
Address: _____ Home Phone: _____
City: _____ Zip: _____ Cell Phone: _____
Employer: _____ Work Phone: _____

List all children in your family, and whether they are registered with Impact: ((continue on back if necessary):

Name: _____ Age: _____ School: _____ Impact player: Yes No
Name: _____ Age: _____ School: _____ Impact player: Yes No
Name: _____ Age: _____ School: _____ Impact player: Yes No

How many years has your family been a member/playing in EDYSL/Impact? _____ years

FULFILLING VOLUNTEER HOURS IS A REQUIREMENT FOR RECEIVING FINANCIAL AID

How would you like to volunteer your time for Impact?

- Referee Fundraising Field Lining/Setup Special Projects
 Office Admin Projects Other (please specify): _____

Please state your request in the following space (continue on back if necessary): _____

*Impact reserves the right to discontinue any financial aid, at any time, if the information provided herein is deemed false.
By signing below, you agree and accept the financial aid requirements of Impact Soccer Club Neto's Fund:*

Parent/Guardian: _____ Date: _____
Parent/Guardian: _____ Date: _____

Date Rec'd: _____ Approved Amount: _____
 Denied Reason: _____