

## DCFC Youth Soccer Financial Aid Application Form

Please attach copies of official documents that speak to financial need.

Confidentiality: All financial aid information is for the sole purpose of helping DCFC decide how to allocate its limited resources to serve those of greatest need. These aid requests are strictly confidential.

## Terms of Program:

- 1. DCFC requires all applicants to provide volunteer support (field maintenance or one of the many other ways the Club needs help). Volunteer obligation will be detailed in a contract document that will accompany our announcement of funding/denial. This document will list awards, if any, and lay out your obligation of volunteer hours if you accept. The minimum volunteer hours required per year are as follows:
  - Tier 1 (Travel Program): 10 hours
  - Tier 2 (Travel Program): 20 hours
  - Tier 3 (Travel Program): 30 hours
  - Recreation Program: 10 hours
- Failure to adhere to the requirements may void the financial aid agreement, which
  would make the applicant responsible for the entire cost of club participation.
  Additionally, failure to complete volunteer hours may result in denial of future
  financial aid.
- 3. Approved applicants will be contacted by a member of the club, but no application is formally approved until the contract is agreed to by a parent/guardian.
- 4. All aid requests must be submitted and approved before partaking in team events. Special cases may be approved by the Financial Aid Committee.
- 5. All financial aid recipients in the Tier 1, Tier 2, and Tier 3 Travel Programs will be required to undergo Guardians of the Game training. Additionally, all games helped under the Guardians of the Game program will count towards the total volunteer hours required for the respective tier.

Player Name:	
Age: Birthdate:	Sex: Male Female
School:	New Player: YES NO
Program: Rec Travel Requesting for wh	hat season and year:
Fall: YES NO Spring: YES NO Full Year	: YES NO
Parent/Guardian Information:	
Name:	
E-Mail:	
Employer:	
Address:	
City/State/Zip:	
Phone: Home: Work: _	Cell:
Family Financial Information:	
Number of wage carpers in household:	
Financial income of household:	
Tillancial income of modechold.	
Full-time: Part-time: U	nemnloved:
Number of persons living in household:	
Do you qualify for a free or reduced sch	ool lunch program? YES NO
	. 0
Do you qualify for other public assistand	ce? YES NO
Food Stamps? YES NO	
Reason for financial aid request:	
reason for initiation and request.	
0:	D. I
Signature of parent/guardian:	Date:

Player Information:

DCFC will assess all applications based on the needs and capabilities of each family. DCFC requires all applicants to provide volunteer support (field maintenance or one of the many other ways the Club needs help). Volunteer obligation will be detailed in a contract document that will accompany our announcement of funding/denial. This document will list awards, if any, and lay out your obligation of volunteer hours if you accept.

Failure to adhere to the requirements may void the financial aid agreement which would make the applicant responsible for the entire cost of club participation.

Approved applicants will be contacted by a member of the club, but no application is formally approved until the contract is agreed to by a parent/guardian.

Deadlines for aid requests will be published on the DCFC website. Or, if not posted, contact the club director for the program your player wishes to participate in.

Submission: Please submit the form and supporting documents to: DCFC Financial Aid 4319 W. Clara Lane #100 Muncie, IN 47304 or email address <a href="mailto:jacob.boles94@gmail.com">jacob.boles94@gmail.com</a>