

**Citrus United Soccer Club / Personal & Confidential**  
**Financial assistance application**

*(Please complete and submit along with your child's player registration)*

**CITRUS UNITED** offers financial assistance for approved applicants up to 50% off club registration fees. Approved applicant's funds will be matched dollar for dollar up to approved amount upon receipt. Applicants will be required to complete one hour of club volunteer work for each \$10 from the club.

1. Applicants Name: \_\_\_\_\_  
 Souse's Name: \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_
5. Employment Status:  Full Time  Part time  Unemployed  Worker's Comp  
 Spouse's Employment:  Full Time  Part time  Unemployed  Worker's Comp
6. Your employer: \_\_\_\_\_  
 Employer's Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
7. Spouse's Employer: \_\_\_\_\_  
 Employer Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
8. Total Annual Income: \$ \_\_\_\_\_
9. List all dependents and/or persons living in your home:

Name	Age	Relationship

10. Complete the amount of assistance requested:
  - A. Recreational  Number of Children \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Player: \_\_\_\_\_ Coach: \_\_\_\_\_  
 Player: \_\_\_\_\_ Coach: \_\_\_\_\_  
 Player: \_\_\_\_\_ Coach: \_\_\_\_\_  
 Player: \_\_\_\_\_ Coach: \_\_\_\_\_

B. Competitive  Number of Children \_\_\_\_\_ Amount \$ \_\_\_\_\_

Player: \_\_\_\_\_ Coach: \_\_\_\_\_

Player: \_\_\_\_\_ Coach: \_\_\_\_\_

Player: \_\_\_\_\_ Coach: \_\_\_\_\_

Player: \_\_\_\_\_ Coach: \_\_\_\_\_

11. Amount paid with application: \$ \_\_\_\_\_

12. Did you receive financial aid from CITRUS UNITED last year?  Yes  No

If yes, how many hours of volunteer work did you complete? \_\_\_\_\_

13. The volunteer coordinator will contact you to arrange work dates and assignments.

14. Competitive players are requested to submit a letter of recommendation from their coach and team manager along with this application.

I acknowledge that I have, in good faith, accurately reported all income sources and expenses and have submitted all information requested in this financial assistance application. Further, I consent to, and fully authorize CITRUS UNITED or its agents to take whatever action it deems necessary to confirm the information submitted herein. I acknowledge that my failure to complete volunteer hours by March 1<sup>st</sup> may cancel all financial aid and place my child on "Not in so good standing" with the club and FYSA. All uniforms and equipment provided by CITRUS UNITED remain the property of CITRUS UNITED and are to be returned at the end of the season or upon request.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_