

Carolina FC Gonzalo Gomez Scholarship Fund

Financial Assistance Application

CFC financial assistance will be awarded to qualifying players as **reduced program fees only**. Assistance will be awarded to the extent that funds are available. Amounts may vary due to individual circumstances and need.

Based on the amount awarded, the program fees of qualifying players will be reduced by one, two or three installments per season of play. However, even at maximum assistance, **players will be required to pay one installment payment EACH season of play in addition to their uniform costs and tournament expenses**. Special payment arrangements may be made with the CFC fee administrator and/or CFC treasurer for program and uniform fees or with the team manager for tournament fees. **Players participating in Middle School or High School sports programs that coincide with the team's club season will not be eligible for CFC financial assistance.**

Players receiving financial assistance are bound by the same requirements as other players: Club and team payments must be made on time (unless specific arrangements have been made), players must attend training sessions, and must participate in matches, scrimmages, and tournaments.

Financial assistance applications are due June 15. To apply for financial assistance, complete this form and mail to Carolina FC, PO Box 170343, Spartanburg, SC 29301. Financial assistance awards will begin June 16; late applications will be considered only if funds are available. Additional financial documentation (most recent Federal 1040 Form) or employment information (paycheck stub or W2) may be required. Please be prepared to provide this information promptly when asked to do so. Continuing need for assistance will be verified between Fall and Spring seasons of play for Junior Select and Academy players. Applicants must reapply for assistance each year.

Direct any questions to Muffet Chapman at 583-4217 or nhchap@charter.net.

Date of Application: _____ Player's Name _____ Date of Birth _____

Team placement, if known _____

Number of year's player has played with CFC _____ Number of dependent children in the household _____

Names and ages of siblings playing Select, Academy, or Developmental soccer with CFC: _____

Please list other sports teams or organizations that your child participates in: _____

Do you qualify for the school district's free lunch program? yes no

Parent(s)/Guardian(s) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Email address _____

Employment Information

Head of Household: 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: _____

Please explain why this player should be considered for financial assistance at this time. Note any special circumstances that are affecting the family and any changes in these circumstances that are expected during the upcoming soccer season.

_____ (use reverse side of paper if needed)

Financial assistance is necessary for my child to participate in CFC Select or Academy Soccer. The above is an accurate reflection of our family's situation at this time. I understand that, as a parent or guardian, I am expected to assist CFC with club and team functions as much as possible. I understand that my child's ability to fulfill training, game, and tournament obligations will be considered when applying. I understand that players receiving financial assistance are bound by the same requirements as other players: Club and team payments must be made on time (unless specific arrangements have been made), players must attend training sessions, and must participate in matches, scrimmages, and tournaments.

Parent/Guardian's Signature _____ Date _____