SOCA
Financial Assistance Program

Purpose
The purpose of the SOCA Financial Assistance Program is to offer financial support to those families with the greatest need and to provide support to qualifying applicants. One of SOCA’s core values is to welcome all participants and remove barriers to participation. The Financial Assistance Program seeks to serve this important value. It is SOCA’s wish to provide assistance so that children may participate in SOCA programs, based on demonstrated need and SOCA’s ability to fund the subsidy.

General Information
Financial assistance is available only in the youth programs. Assistance is provided to the Travel (Premier and Classic), Challenge, Recreational and Hot Shots programs, only. There is no financial assistance available in the supplemental camp and clinic programs.

Financial assistance is applied to registration fees, only. Financial assistance does not apply to uniform or other soccer equipment expenses, tournament related expenses, travel expenses, or other expenses related to participation.

There is no full financial assistance in either the Travel or Challenge programs. All participants in these programs are required to contribute to fee payment. Partial assistance is available.

Full financial assistance is available in the Recreation and Hot Shots programs.

There are three levels of assistance available to qualifying families. Need is determined based upon participation in government public assistance programs (School Nutrition Program, Free/Reduced Lunch Program), or by documenting income within established limits. The qualifying limits that SOCA uses are those currently in place for the federally supported free and reduced meals programs in the public schools.

Application Deadlines for 2020/2021 Soccer Year

<table>
<thead>
<tr>
<th>Program</th>
<th>Deadline for Full Year</th>
<th>Deadline for Spring Season</th>
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<tbody>
<tr>
<td>Travel Program (Elite, Premier, Classic)</td>
<td>July 13, 2020</td>
<td>January 29, 2021</td>
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<tr>
<td>Challenge Program: Fall season only</td>
<td>July 13, 2020</td>
<td></td>
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<tr>
<td>Challenge Program: Spring season only</td>
<td>January 29, 2021</td>
<td></td>
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<tr>
<td>Recreation Program: Fall season only</td>
<td>July 21, 2020</td>
<td></td>
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<tr>
<td>Recreation Program: Spring season only</td>
<td>January 29, 2021</td>
<td></td>
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<tr>
<td>Hot Shots Program: Fall season only</td>
<td>August 4, 2020</td>
<td></td>
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<tr>
<td>Hot Shots Program: Spring season only</td>
<td>February 9, 2021</td>
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Procedures
All applications for assistance must be made by completing a current SOCA Request for Financial Assistance form.

All requests will be reviewed by SOCA and a determination made immediately if possible, or within five business days.

Upon determination by SOCA, applicants will have the option to: 1) accept the offered financial assistance and pay for any balance due, 2) accept the offered financial assistance and pay the first installment of an agreed installment payment plan, 3) decline the assistance and decline to participate, 4) appeal for additional funding within five business days of original determination.

An appeal for additional funding does not guarantee nor imply additional funds will be provided. Additional funds are extremely limited. Each appeal must include all original documentation, a written narrative describing the need for additional funds, and any other documents that may support the request for additional funds.

The appeal will be reviewed by a committee of the Board of Directors. A determination and notice will be provided to the applicant as soon as possible. The applicant has an additional five business days to act upon the Committee’s determination by either completing registration or declining to participate.

No player registration is considered complete until the applicant’s share of the fee is paid, or full assistance is granted.

Documents Required
All applications must be accompanied by a copy of School Nutrition Program determination letter, if applicable, or copies of:
2. Four (4) most recent pay stubs from all household income earners.
3. Copies of any additional legal documents supporting the request for assistance.

All financial assistance request materials submitted to SOCA are strictly confidential.
SOCA Request for Financial Assistance: 2020-2021

1. Family Information

Player 1 Full Name: ________________________________________________ Date of Birth: ___/___/___
First    Middle    Last             mm    dd    yyyy
Player 2 Full Name: ________________________________________________ Date of Birth: ___/___/___
First    Middle    Last             mm    dd    yyyy
Player 3 Full Name: ________________________________________________ Date of Birth: ___/___/___
First    Middle    Last             mm    dd    yyyy
Player 4 Full Name: ________________________________________________ Date of Birth: ___/___/___
First    Middle    Last             mm    dd    yyyy
Street Address: ______________________________________________________________________________
City: _________________________________________ State:  _________ Zip Code:__________________
Home Phone: _____________________________  Email Address: ______________________________

2. Program for Which Financial Assistance is Being Requested (check one):

_____ Apprentice Program U11:  $1,325     _____ Apprentice Program U12:  $1,465
_____ Prem. & Classic Travel U14-U12:  $1,269  _____ Prem. & Classic Travel U19-U15:  $709
_____ Challenge: F=$269; S=$219    _____ Recreation:  $99
_____ Hot Shots $69      _____ Other: __________________________

Assistance Requested (check one):   ____ Specific amount $_______________ ____ Maximum Available

3. Parent/Guardian Information

Mother’s Name: ________________________________________ Phone/Email: ____________________
Father’s Name: ________________________________________  Phone/Email: ____________________

4. Household Size (number of all persons living at the player’s home): ______

5. Household Income Information

Father’s Total Annual Income:    $____________________
Mother’s Total Annual Income:   $____________________
Other Income Earners’ Total Annual Income: $____________________
Annual Child Support:     $____________________
Annual Alimony:     $____________________
Other Income:      $____________________

Total Household Annual Income $____________________

6. Does the Player’s Household Receive Federal School Nutrition Program Benefits (check one):

_____ Yes   ____  No

If “Yes”, a copy of your School Nutrition Program determination Letter must be provided.
If “No”, provide a copy of the following documents with your Request for Financial Assistance:
2. Four (4) most recent pay stubs from all household income earners.
3. Copies of any additional legal documents supporting your request.

7. I certify that all information and materials provided in this request for financial assistance are true to the best of my knowledge.

Signature of Parent/Guardian Applicant          Date