

# 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, Challenge, Recreational and Hot Shots programs only. There is no financial assistance available in the supplemental seasons as well as 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.

Full financial assistance is available in the Recreation and Hot Shots programs. Partial assistance is available in the Travel or Challenge program, all participants in these programs are required to contribute to fee payment.

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.

### **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:

1. Most recent Form 1040, Federal Income Tax Return.
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: 2022-2023

## 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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

\_\_\_\_\_ Travel Program: Blue U19-U16: \$1,295 \_\_\_\_\_ Travel: White & Red U19-U15: \$729

\_\_\_\_\_ Travel Program: Blue U15-U11: \$1,495 \_\_\_\_\_ Travel: White & Red U14-U11: \$1,289

\_\_\_\_\_ Challenge: Fall-\$269; Spring-\$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:

1. Most recent Form1040: Federal Income Tax Return.
2. Four (4) most recent pay stubs from all household income earners.
3. Copies of any additional legal documents supporting your request.

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