



Financial Assistance Application

FALL 2011/SPRING 2012

It is the policy of Lexington County Soccer Club to provide financial assistance to players who may need it and to the extent that such funds are available to the club. You must complete this form to be considered for financial assistance.

Application deadline: June 3, 2009. Late applications will be considered only if funds are available.

Scan and e-mail to Helmut Tissler (helmuttissler@aol.com) or return in a sealed envelope, marked PERSONAL AND CONFIDENTIAL to:

Lexington County Soccer Club
Attention: Helmut Tissler
PO Box 543
Lexington, SC 29071

Information in application will only be used in determining eligible candidates for financial assistance and will not be released to any other organization.

2011 – 2012 Club Fees: Academy (u-9 through u-12): \$600/year
 u-13 and u-14: \$750/year for Classic; \$850/year for Challenge
 u-15 through u-18: \$600/year for Classic; \$700/year for Challenge (teams play Fall only)
 Uniform Fee (all ages): \$125

I request to reduce my Club Fee by \$ _____ Amount you are able to pay \$ _____

Note: All players are REQUIRED to pay a minimum fee of \$240/year (\$20/month) regardless of financial aid.

Applicant Information

Player's Name _____
 Parent's Name _____ Number of Dependent Children _____
 Email Address _____
 Address _____ City/Zip _____
 Telephone (Home) _____ (Work/Cell) _____

Employment Information

Father currently employed? __ yes __ no	Mother currently employed? __yes__ no
Employer's Name _____	Employer's Name _____
Address _____	Address _____
Length of time with Company _____	Length of time with Company _____
Is Player employed? __yes__no	Employer's Name _____

Financial Data

Father's monthly net income \$ _____ (after taxes are withdrawn)
 Mother's monthly net income \$ _____ (after taxes are withdrawn)
 Player's monthly net income \$ _____ (after taxes are withdrawn)
 Child support \$ _____
 Other \$ _____ Source _____
 Total \$ _____

Do you qualify for the school district's free lunch program? __yes__no

List unusual financial obligations: _____

List all Federal or State Aid that you are currently receiving (i.e. Food Stamps, Medical Aid):

Applicant is aware that additional Team Fees (tournaments, coach's travel, etc.) are the responsibility of the parent/player. A copy of the 2010 IRS1040 form (or equivalent) for both parents and player (if applicable), must be attached.

Parent's signature _____ Date _____