



JAMES ISLAND YOUTH SOCCER CLUB Financial Assistance Application Fall 2018/Spring 2019

Academy Program and Select Program

It is the policy of JIYSC to provide soccer opportunities for all youth regardless of the ability to pay to the extent there are Financial Assistance Funds available. JIYSC is an equal opportunity organization. It forbids discrimination on the basis of race, religion, sex, nationality, age and health needs.

Procedure for Filing:

1. Parents/legal guardians must complete the Financial Assistance Application.
2. The child/player must be listed as a dependent on the 2017 Federal 1040 Tax Form or proof of guardianship must be provided.
3. Verification of income – REQUIRED (from BOTH parents):
 - a. Copy of 2017 Federal 1040 Tax Form with copies of most recent W-2 forms (or 2016 plus 2017 extension) AND
 - b. If employed, copies of 2 paycheck stubs for wages received within the last 60 days.
4. A \$25 Financial Assistance Application Fee is due with each application (per player – maximum of \$50 per family). There are no exceptions to this policy. This application fee is non-refundable once you have accepted a position for your child on a team and will be credited towards registration.
5. Application will not be reviewed unless all information is completed and proper documentation is submitted.
6. Application and verification of income is due by June 13, 2018.
7. Questions regarding our Financial Assistance program should be e-mailed to thicken@globalpremiersoccer.com

Once the application is reviewed, a representative from the committee will discuss any future payments needed and a contract will be signed.

Qualifications and Conditions:

1. Family members and/or players are required to assist JIYSC in various club activities serving as volunteers as a requirement to receive financial assistance. The particular requirements and volunteer opportunities will be discussed with the notification of financial assistance.
2. Family members are required to sign a contract concerning remaining payments and volunteer requirements.
3. There must be a true, verifiable financial need.
4. The Financial Aid Committee will make aid decisions by June 15, 2018, and notify the applicant. All decisions of the Financial Assistance Committee are FINAL.



5. Information in this application is considered to be confidential by the JIYSC Financial Assistance Committee, Board of Directors, and the applicant making the request.
6. The Financial Assistance Application Fee will be applied toward the Initial Registration fee.
7. JIYSC does not offer financial assistance for team fees or uniform purchases.
8. Recipients must stay current with Team Fees in order to remain in good standing.
9. Recipients receiving partial financial assistance MUST stay current with the agreed payment plan to retain good standing status.
10. Any recipient not current on the payment plan or team fees may be subject to loss of financial assistance for the remainder of the current year and/or future years and payment in full may be required before the player can participate in JIYSC practices/games or other functions.
11. JIYSC MUST be notified if your financial circumstances change. Recipient MUST request reevaluation if financial circumstances change.
12. Mail the application form, fee, and tax/payroll documentation in an envelope marked "Confidential" to:

GPS Carolina, 706 Orleans Rd, Charleston, SC 29407 or via secure email to thicken@globalpremiersoccer.com

----Household----

Father's Name: _____ Mother's Name: _____
Father's Address: _____
Father's Home Phone: _____ Cell: _____
Father's email: _____
Mother's Address: _____
Mother's Home Phone: _____ Cell: _____
Mother's email: _____

1st Player's Name as it appears on Birth Certificate: _____
Academy or Select Program, Age Group/Team: _____
DOB: _____ Sex: M or F
Player lives with: Father (___) Mother (___) both (___) Other Guardian (___)
Name of Other _____

2nd Player's Name as it appears on Birth Certificate _____
Academy or Select Program, Age Group/Team _____
DOB: _____
Sex: M or F
Player lives with: Father (___) Mother (___) both (___) Other Guardian (___)
Name of Other _____



3rd Player's Name as it appears on Birth Certificate _____

Academy or Select Program, Age Group/Team _____

DOB: _____ Sex: M or F

Player lives with: Father (___) Mother (___) both (___) Other Guardian (___)

Name of Other _____

Household size (people living at player's home) _____

Number of family members playing for JIYSC: _____

List other persons living at this address:

First/Middle/Last Name _____

First/Middle/Last Name _____

First/Middle/Last Name _____

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 _____

--Parent/Applicant Financial Data--

Do you have any additional income not listed on the required 2017 Federal 1040 Tax form, including child support? No ___ Yes ___

If yes, please list Type and amount: _____

Are you or your spouse a member of the Military?

No _____ Yes _____

If yes, list details: _____



POWERED BY 

Are you currently receiving Federal or State Aid? No _____ Yes _____

Please list (i.e. Food Stamps, Medical Aid, etc): _____

If the child/player is not listed as a dependent on the required 2017 Federal 1040 Tax Form, please explain why:

Please explain why the parent/applicant should be considered for Financial Assistance and explain any special circumstances to be considered:

Have you received Financial Assistance from JIYSC before? _____

If yes, please list each season

received: _____

Parent/Applicant Financial Information

All information you provide to us will be held in strict confidence.

If separated or divorced, we MUST receive an information form from each parent.



Monthly Income: Monthly Expenses:

Gross Monthly Salary	\$	Rent/Mortgage	\$
Net Monthly Salary	\$	Auto/Loan	\$
Unemployment Compensation	\$	Auto/Loan	\$
Social Security Compensation	\$	Other Expenses: (please explain:	\$
Child Support	\$		
Aid to Dependent Families – AFDC	\$		
Food Stamps	\$		
Alimony	\$		
Other – please explain:	\$		
Total monthly income	\$	Total monthly Expenses	\$

Upon the acceptance of Financial Assistance, the parent/applicant agrees to assist James Island Youth Soccer Club (JIYSC) with fundraising or other club functions. Parents/players receiving financial assistance are required to volunteer, including during the JIYSC tournament(s) and events, **for a total of 30 volunteer hours**. The parent/applicant fully understands that should their employment or financial situation change that JIYSC must be notified of such change. The parent/applicant agrees that regardless of whether financial assistance is granted or not, he/she will pay all Club Fees due of the Junior Academy or Select Program in monthly payments. **Also the parent/applicant is aware that Team Fees are the responsibility of the parent/player and that Team Fees and/or Club Fees must stay current for the player to retain good standing status.** By my signature below I understand that information obtained in this Application for Financial Assistance will be used only in determining eligible candidates for Financial Assistance and will not be released.

Parent/Applicant signature: _____ Date: _____ Print Name: _____

ADMIN USE ONLY: APPROVED: ___ Yes ___ No Notes:

Amount Awarded: \$ _____ Payment Agreement: _____