



**JAMES ISLAND YOUTH SOCCER CLUB**  
**Financial Assistance Application Fall 2022/Spring 2023**  
**Jr. 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 entire Financial Assistance Application.
2. The child/player must be listed as a dependent on the 2020 Federal 1040 Tax Form or proof of guardianship must be provided.
3. Verification of income – **REQUIRED** (from BOTH parents):
  - a. Copy of 2021 Federal 1040 Tax Form with copies of most recent W-2 forms (or 2020 plus 2021 extension)  
**AND**
  - b. If employed, copies of 2 pay check stubs for wages received within the last 60 days.
4. The \$25 Financial Assistance Application Fee (per player – maximum of \$50 per family) **has been waived** for the Fall 2022/Spring 2023 season.
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 **May 27, 2022**.
7. Questions regarding our Financial Assistance program should be emailed to [treasurer@jiysc.org](mailto:treasurer@jiysc.org).

**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 3, 2022** 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. JIYSC does not offer financial assistance for team fees or uniform purchases, and recipients must stay current with team fees in order to remain in good standing.
7. Recipients receiving partial financial assistance **MUST** stay current with the agreed payment plan to retain good standing status.
8. 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.
9. JIYSC **MUST** be notified if your financial circumstances change. Recipient **MUST** request reevaluation if financial circumstances change.



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10. Email the application form and tax/payroll documentation to [treasurer@jiytc.org](mailto:treasurer@jiytc.org) or mail in an envelope marked "Confidential" to:

James Island Youth Soccer Club  
Attn: Treasurer  
PO Box 12752  
Charleston, South Carolina 29422

11. JIYSC awards financial assistance on a sliding scale based on the Federal Poverty Level published annually by the U.S. Department of Health & Human Services (<https://aspe.hhs.gov/>)



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**Contact Information**

**Parent 1 Name:** \_\_\_\_\_

Parent 1 Address: \_\_\_\_\_

Parent 1 Phone: \_\_\_\_\_ Parent 1 email: \_\_\_\_\_

**Parent 2 Name:** \_\_\_\_\_

Parent 2 Address: \_\_\_\_\_

Parent 2 Phone: \_\_\_\_\_ Parent 2 email: \_\_\_\_\_

**Player 1 Name as it appears on Birth Certificate:** \_\_\_\_\_

Jr. Academy or Select Program, Age Group/Team: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: M or F

Player lives with: Father (\_\_\_) Mother (\_\_\_) both (\_\_\_) Other Guardian (\_\_\_)

Name of Other \_\_\_\_\_

**Player 2 Name as it appears on Birth Certificate** \_\_\_\_\_

Jr. Academy or Select, Age Group/Team \_\_\_\_\_

DOB: \_\_\_\_\_

Sex: M or F Player lives with: Father (\_\_\_) Mother (\_\_\_) both (\_\_\_) Other Guardian (\_\_\_)

Name of Other \_\_\_\_\_

**Player 3 Name as it appears on Birth Certificate** \_\_\_\_\_

Jr. Academy or Select, Age Group/Team \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: M or F

Player lives with: Father (\_\_\_) Mother (\_\_\_) both (\_\_\_) Other Guardian (\_\_\_)

Name of Other \_\_\_\_\_



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**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.

Applicant Name \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Full-Time or Part-Time? FT \_\_\_\_\_ PT \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ Length of time with Company \_\_\_\_\_

Is your spouse/significant other employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Full-Time or Part-Time? FT \_\_\_\_\_ PT \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ Length of time with Company \_\_\_\_\_

Do you have any additional income not listed on the required 2020 Federal 1040 Tax form, including child support?  
No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please list Type and amount:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you or your spouse an active member of the Military? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, list details:

\_\_\_\_\_

Are you currently receiving Federal or State Aid? No \_\_\_\_\_ Yes \_\_\_\_\_ Please list (i.e. Food Stamps, Medical Aid, etc.):

\_\_\_\_\_  
\_\_\_\_\_





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List all household members/dependents as claimed on your Federal Income Taxes.

Income Source includes the gross income from the following sources: Wages, SSI, SSA, Disability Income, Worker's Comp, VA benefits, Retirement/Pension, Child Support, Alimony, Unemployment, Dividends, Annuity Payments, (Gross: Self-Employment Income, Rental Income, Partnership Income), Interest, Sale of Stocks, Foster Care of Adoption Income.

Name	Date of Birth	Relationship to JIYSC Player	Gross Income (Monthly)	Income Source(s)
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

1. Upon the acceptance of Financial Assistance, the parent/applicant agrees to assist James Island Youth Soccer Club (JIYSC) with fundraising or other club functions.
2. All parents/players are required to fulfill 4 volunteer hours per season (8 hours per year) during the JIYSC tournament(s) and events.
3. The parent/applicant fully understands that should their employment or financial situation change, JIYSC must be notified of such change.
4. The parent/applicant agrees that regardless of whether financial assistance is granted or not, they will pay all Club Fees due for the Junior Academy or Select Program.
5. **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: \_\_\_\_\_