



Chesterfield United Football Club

Financial Assistance Program

Purpose of the Financial Aid Program

The intent of this program is to provide financial assistance in the way of reduced or waived Chesterfield United Soccer Club fees for families who are experiencing **temporary** financial difficulties. This program is not to be misused as a way for your child to play long term with the club. This will allow more children, whose families have extenuating financial circumstances, to participate in travel soccer.

If you are assigned a payment plan you must make your payments in full by the beginning of the season in order to be included on the team's roster for the upcoming season.

Funding does not include: Uniforms, Soccer Equipment, Tournament related expenses (hotel, gas, etc), Any other miscellaneous soccer related expenses (mileage, car rental, etc)

General Information

1. Information and applications for the Financial Aid Program will be available from the CUSC office.
2. All information about applicants will remain confidential. Please return your completed application in a sealed envelope properly marked for Financial Aid Committee.
3. PLEASE NOTE the application deadline is June 1st
4. Players are still required to register for try-outs and accept positions on line. Please note in the comment section that financial aid will be applied for. Should a player join a team outside of the normal seasonal registration process, the committee may review the request on an ad hoc basis.
5. Applications should be submitted to: CUFC, Attn: Financial Aid Committee, 6112 Blest Lane, Richmond, VA 23237
6. All guidelines and criteria are subject to review and may be revised at any time.

Procedure:

1. Family/guardian will submit an application form, demonstrating financial need.
2. Completed applications should be mailed to the club office, attention "Financial Assistance Committee" in a sealed envelope.
3. Applications will be reviewed solely by members of the Chesterfield United Soccer Club Financial Assistance Committee and recommendations will be made to the CUSC board of directors for final approval.
4. Notification will be mailed to applicants and the treasurer will be informed as well within 3 weeks of the deadline.

Criteria:

1. Recipients are travel soccer players only. If you should leave the club before the one year commitment is fulfilled you will be required to meet whatever financial obligations remain in order to be released in good standings.
2. Family must provide financial statements..
3. Players who receive financial support, should participate in all team activities (ie, all tournaments) unless there are justifiable extenuating circumstances.
4. All Financial Aid recipients will be required to volunteer when called upon. You will receive plenty of notice when you will be needed to arrange your schedule to volunteer.



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General Information

1. Player's Full Name _____
2. Street Address _____
City _____ State _____ Zip Code _____
1. Telephone Number _____
2. Email Address _____
3. Name of Parent(s) / Legal Guardian _____
4. Player's Date of Birth _____
5. Team player will be playing for _____
Example: Include team age (U--), Gender & Level, North, South, etc.
6. Team Coach's Name _____

Family Soccer Participation & Participation with Other Clubs

All spaces must be filled in.

1. How many children in the family play travel soccer? _____
2. How many children in the family play recreational soccer? _____
3. Do any children play at another club? _____
4. If so, what are the registration fees at the other club? _____
5. Are the siblings receiving financial assistance there? _____
6. Did you apply for assistance there? _____
7. CUSC is a volunteer organization in what area (s) do you to prefer volunteer? _____

This is an annual application. The deadline is June 1st. PLEASE note this is a change.



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Financial Assistance Application

Please explain why you are seeking financial assistance. In this area, you must demonstrate financial need for reduced or waived fees. You must include financial data to include: Proof of unemployment, Dr's notes, any documentation that will demonstrate your financial need (WIC statements, divorce/separation papers...etc)

Please list any other information that would be helpful to the Financial Assistance Committee.

Signature(s) _____

Date _____

The Financial Assistance Committee reserves the right to contact you for additional information, if necessary.

Guidelines & criteria are subject to review & revisions at any time.